

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No.

747354

VETERAN

Chas. H. Hark

RANK

Priv.

SERVICE

Co. B. 55<sup>th</sup> Ca. Inf.

CAN No.

14904

BUNDLE NO.

3

# Declaration for an Original Invalid Pension.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal.

State of Pennsylvania, County of Berks, ss:

ON THIS 1<sup>st</sup> day of October A. D. one thousand eight hundred and eighty eight

personally appeared before me Prothonotary of the County Court a Court

of Record within and for the County and State aforesaid Elias Howe

aged 42 years, who, being duly sworn according to law, declares that he is the identical Elias

Howe who was ENROLLED as a Private on the 27<sup>th</sup> day of

Feb, 1864 in Company B of the 55<sup>th</sup> regiment of Pa. Vol.

commanded by Capt. Franklin J. Leppan and was honorably DISCHARGED at

Petersburg, Va. on the 30<sup>th</sup> day of August, 1865. That his

personal description is as follows: Age 16 1/2 years; height 5 feet 3 inches; complexion Dark

hair Black; eyes Hazel. That while a member of the organization aforesaid, in the

service and in the line of duty at Beaufort in the State of South Carolina

on or about the 15<sup>th</sup> day of April, 1864 he was stricken

a crisis the back while unloading

of wound or injury. It disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

barrels of provisions from the wagon

train. That afterwards he took the

mumps and as a result thereof he

suffered greatly from swelling of the

testicles and his illness was greatly

increased by the strain in his back

the result of the heavy lifting of

the barrels of pork etc. Since ever

since he has suffered therefrom and

is now and has been for some time

practically unable to work more than about

one third of the time.

That he was treated in hospitals as follows: At first in the regimental

hospital and afterwards in the U. S.

Hospital at Beaufort, South Carolina

That he has not been employed in the military or naval service otherwise than as stated above

service was, whether prior or subsequent to that stated above and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States since the 30<sup>th</sup> day of Aug, 1865

That since leaving the service this applicant has resided in the County of Berks

in the State of Pennsylvania and that his occupation has been that of a Laborer

That prior to his entry into the service above-named he was a man of good, sound, physical health, being when enrolled a

Laborer. That he is now Almost totally disabled

from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of

the United States; and he therefore makes this declaration for the purpose of being placed on the invalid

pension roll of the United States. He hereby appoints with full power of substitution and revocation.

WM. H. HAYWARD, of Washington, D. C.,

his true and lawful attorney to prosecute his claim. That he has never received now applied for

a pension; that his residence is Spring Township, Berks Co., Pa.

and that his post office address is

Care of Edmund Martz Reading Berks Co., Pa.

Bonjamin Reber Edmund Martz

John B. Macher

(Two witnesses who can write sign here.)



Also personally appeared John B. Machmer residing at Reading  
Pennsylvania and Benjamin Reber residing at  
Reading, Pa. persons whom I certify to be respectable and entitled to credit, and  
who being by me duly sworn, say that they were present and saw Elias Howe

....., the claimant sign his name (make his mark) to the foregoing  
declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him  
that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

✓  
✓  
(If Affiants sign by mark, two persons who can write sign here.)

John B. Machmer  
Benjamin Reber  
(Signature of Affiants.)

Sworn to and subscribed before me this 1<sup>st</sup> day of October A. D. 1888

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained  
to the applicant and witnesses before swearing, including the words.....

.....erased, and the words.....  
.....added; and that I have no interest, direct or indirect in the  
prosecution of this claim.

[L. S.]

✓ D. H. Schuyler  
Clerk of the Pat. Off. Sept.

INVALID.

CLAIM FOR PENSION.

ORIGINAL.

Elias Howe, Applicant.

Reg't.

Vols.

18

Enlisted

18

Discharged



Filed by

WM. H. HAYWARD,

ATTORNEY,

WASHINGTON, D. C.

Printed and for sale by J. H. SOUTHER, Washington, D. C.

Ex'r.

INVALID.

No.

674583

Acts of July 14, 1862, and March 3, 1873.

Elias Howe

P. O. Edward Mintz  
Reading, Pa

Service: Oct 13 55 Pa Inf

Enlisted: Feb 27, 1864

Discharged: Aug 30, 1865

Application filed: Oct 4, 1888

Alleges: In to Back Mumps  
offic DisticksRe-enlisted:  
K/12/Attorney: Jm & Hayward  
P. O. Washington  
DC

Recognized  
 Contract  
 Cert. of Dis. Searched for, 18  
 (13167-20,000.)



# COMP. OLD LAW CLAIM.

(3-217.)

INCREASE.

Claim to

~~10th~~ No. 707354

Elmer Howe

P. O., Reading

County, Berks

State, Pa

Application filed, Oct. 4, 1888

State Service, B. 55, Pa. Def

May 8/96  
Lit. address to Atty. Hargrave & Co  
224

Disability,

Attorney, N. H. Hayward & Co.

P. O., Washington D.C.

County, State,

(Order 10 — 100 M.)

# GENERAL AFFIDAVIT

ite of Penn, County of Berks

In the matter of the Pension Claim of Elias Howe



ON THIS 5<sup>th</sup> day of October A. D. 1888; personally appeared before me

an Alderman in and for the aforesaid County duly authorized to administer oaths,

Wm. Reminger aged 55 years, a resident of Reading

in the County of Berks and State of Penn.

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

*I that he served with Elias Howe*  
[Note—Affiants should state how they gain a knowledge of the facts to which they testify.]  
*in Company B. 55<sup>th</sup> Regt Pa. Vols. during the late war; that he remembers that the said Elias Howe was in special detail in the Quartermaster's department at Beaufort S. C. in the Spring of 1864 and that he was injured while in that service and brought back to camp after the injury and afterwards sent to the hospital; that he has known the said Elias Howe since and that from his personal observation and knowledge of the man he fully believes that he is unfit for heavy manual labor.*

His Post Office address is No. 1013 Alley St. Reading, Pa.

He further declares that he has no interest in said case and he is not concerned in its prosecution.

Edmund Sheety

William Reminger

[If Affiants sign by mark, two persons who can write sign here.]

[Signature of Affiants.]

STATE OF Pennsylvania COUNTY OF Becker ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_

added \_\_\_\_\_ and acquainted him with its contents before he executed the same. I further certify that I am in nowise

interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me

and that he is a credible person.

[L. S.]

Edmund Sheety clerkman  
[Official Signature.]  
on record at Pension Office at  
Washington DC  
[Official Character.]

\_\_\_\_\_  
Clerk of the County Court in and for aforesaid County

and State, do certify that \_\_\_\_\_, Esq., who has signed his name to the

foregoing declaration and affidavit was at the time of so doing \_\_\_\_\_ in and

for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that

his signature thereunto is genuine

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

AL - L EVIDENCE.

CLAIM OF

Ed Sheety  
Co. 55th Pa Vols.

AFFIDAVIT OF

Mr. Ramsey

FILED BY

Wm. C. Howard

Printed and for sale by J. H. SOULE, Washington, D. C.



# GENERAL AFFIDAVIT

ite of Penn, County of Berks

In the matter of the Pension Claim of Elias Howe



ON THIS 5<sup>th</sup> day of October, A. D. 1888, personally appeared before me

an Alderman in and for the aforesaid County duly authorized to administer oaths,

Wm Reninger aged 55 years, a resident of Reading

in the County of Berks and State of Penn

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

*I that he served with Elias Howe in Company B 55<sup>th</sup> Regt Pa. Vols. during the late war. That he remembers that the said Elias Howe was in special detail in the Quartermaster's department at Beaufort P. C. in the Spring of 1864 and that he was injured while in that service and brought back to camp after the injury and afterwards sent to the hospital. That he has known the said Elias Howe since and that from his personal observation and knowledge of the man he fully believes that he is unfit for heavy manual labor.*

His Post Office address is No 1013 Cley St, Reading, Pa.

He further declare that he has no interest in said case and he is not concerned in its prosecution.

Edmund Sheety

William Reninger

[If Affiants sign by mark, two persons who can write sign here.]

[Signature of Affiants.]

STATE OF Pennsylvania COUNTY OF Becks 88:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_

\_\_\_\_\_ added and acquainted him with its contents before he executed the same. I further certify that I am in nowise

interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me

and that he is a credible person.

[L. S.]

Edmund Sheetz  
[Official Signature]  
on record at Division Office at  
Washington  
[Official Character]

\_\_\_\_\_  
Clerk of the County Court in and for aforesaid County

and State, do certify that \_\_\_\_\_, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then, CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

AL - L EVIDENCE.

CLAIM OF

Edw. Brown  
Co. C 55th Pa. Vol.

AFFIDAVIT OF

Wm. R. R. R.

FILED BY

Wm. R. R. R.

Printed and for sale by J. H. SOULE, Washington, D. C.

NAME.	RANK.	CO.	REGIMENT.	DATE OF ADMISSION.	RECORD OF—	DIAGNOSIS.	DISPOSITION AND REMARKS.
<i>Elias How</i>	<i>Priv</i>	<i>B</i>	<i>55 Co.</i>	<i>1864 Apr 14</i>	<i>1st Maine Heavy Arty, Breaufort S.C.</i>	<i>Orchitis</i>	<i>Returned to duty April 26 1864</i>

NOTE



# GENERAL AFFIDAVIT.

State of Pennsylvania, County of Berks, ss:

in the matter of The personal claim of  
Elias Howe

ON THIS 2<sup>d</sup> day of October A. D. 1886, personally appeared before me

an Alderman in and for the aforesaid County duly authorized to administer oaths.

Joshua Howe aged 50 years, a resident of Reading

in the County of Berks and State of Pennsylvania

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That he served in Co. B,  
55<sup>th</sup> Regt Pa. Vols with Elias Howe  
and was a tentmate at the time  
he was sprained in the back,  
at Beaufort S. C. in the Spring  
of 1864 (probably the month of  
April). That he did not see the  
injury but saw the said Elias  
Howe on the same day and he  
was complaining of pain in his  
back, moving stiffly and appeared  
very lame and walked with his  
hands on his back. That when the  
regiment left Beaufort the applicant  
was unable to go along and was  
sent to the hospital. That he has  
known the applicant ever since and  
that he is unable to perform any  
heavy manual labor

His Post Office address is No. 1105 Breckinridge St. Reading, Pa.

He further declares that he has no interest in said case and therein not concerned

in its prosecution.

Joshua Howe

(If Affiants sign by mark, two persons who can write sign here.)

(Signature of Affiants.)

STATE OF Tennessee, COUNTY OF Beck, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

Edmund Sheets  
(Official Signature)  
on record at Pension Office  
at Washington D.C.  
(Official Character)

[L. S.]

I, \_\_\_\_\_ Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188\_\_\_\_.

[L. S.]

Clerk of the \_\_\_\_\_

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

674583  
ADDITIONAL EVIDENCE.

CLAIM OF

Edith Howe.  
C. D. 556-1000

AFFIDAVIT OF

John Howe



Printed and for sale by J. H. SOULE, Washington, D. C.

mic Liv  
J. C. H.

3-165.)

# Department of the Interior,

## BUREAU OF PENSIONS,

July 2<sup>d</sup>, 1889.

Sir:

Please furnish this Bureau a report of hospital treatment in the  
Claim No. 674583, of Elias Howe, late a  
priv Co. B 5<sup>th</sup> Po Val Inf, from  
the data given below.

1. Disability from sprain of back incurred  
April 1864 at Beaufort S.C. also muscles  
affecting testicles

2. Treatment, as follows: U.S. General Hospital  
Beaufort S.C.

3. The Adjutant General's report shows: ✓

4. Discharged Aug 30, 1865, at Petersburg  
Va

Very respectfully,

John C. Black,  
Commissioner

The Surgeon General U. S. A.





CASE OF

*Elias Howe*  
*Priv. Co. P, 55<sup>th</sup> Regt Pa.*

Claim No. *674583*

WAR DEPARTMENT,

Surgeon General's Office,

Record and Pension Division,

Washington, D. C., *Jan'y 4<sup>th</sup>*, 188*9*.

This transcript from the records on file in this office is respectfully furnished for the information of the

Commissioner of Pensions,

and embodies all the information which has been found on a search of those records made in full compliance with the inclosed request.

All papers pertaining to the case are herewith returned.

By ORDER OF THE SURGEON GENERAL:

*F. C. Arisworth*

Capt. and Assistant Surgeon, U. S. A.

Per *J. Frach*

R. & P. Div. No. *526 627*

(214)

*Adm. G.*



674583

Feb 27 to May 1, 64 (no later  
entries) report him treated  
for mumps April 7, 64  
and returned to duty April  
11; for mumps April 12  
and to duty April 13, 64.  
The records of this office  
furnish no further evidence  
of disability.

R. C. DRUM,  
Adjutant General.



420  
C 19



Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character† and number of claim. *Original invalid.* Pension Claim No. *674,583*

Name and rank of claimant. *Elia's Horse*, Rank, *Private*

Company *B, 55 Reg't P. V.* *Reading Penna.* State, *Penn.*  
(For office address of the Board.)

Claimant's post office address. *Reading Berks Co., Pa.* *January 23<sup>rd</sup>.*, 1889.  
(Date of examination.)

We hereby certify that in compliance with the requirements of the law\* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Case of Alsa - Strain of back and muscles affecting testes

If a pensioner, fill in the amount: and that he receives a pension of \_\_\_\_\_ dollars per month.

Pulse rate per minute, 83; respiration, 19; temperature, —; height, —  
feet 6 inches; weight, 122 pounds; age, 42 years.

He makes the following statement upon which he bases his claim for original invalid  
pension: He hurt his back in April 1864 at Beaufort S. C.  
while assisting in unloading a provision wagon. After he  
had hurt his back he was sent to a hospital at Beaufort where he  
remained four weeks. After he had hurt his back, he noticed that  
both his testicles began to swell.

Upon examination we find the following objective conditions: *There are no signs or indications observable that lead us to suspect any injury to the back. He says that his back, in the region of the lumbo-sacral articulation, hurts him. He never had gonorrhea, or Mumps. When his testicles began to swell, Surgeon Merritt told him he had the mumps in his testicles. The testicles are in a perfectly normal and healthy condition. He is unable to discover any disability.*

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as, 1, 2, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, *not* probable that <sup>a</sup>the disability was incurred in the service as he claims, ~~and that it has not been prolonged or aggravated by vicious habits.~~ He is, in our opinion, <sup>*Not*</sup> entitled to a rating for the disability caused by \_\_\_\_\_ for that caused

Rate for each  
cause of dis-  
ability.  
If prolonged by  
vicious habits,  
the word not  
should be  
erased and the  
reason for the  
erasure given.

\* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

J. M. Nagle, M.D., Pres. W. A. Rhoads, M.D., Sec'y. M. Murray Newman, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.



J. A. Graham Ex'r.

No. 674, 583

Act of June 27, 1890.

Special

Elias Howe,  
 P. O. Reading,  
 Berks Co. Pa.  
 Service: Pri. "B" 55" Pa. Inf.

Enlisted: , 18

Discharged: , 18

Application filed: Aug. 4, , 1890


Alleges:

Any other Claim filed: 674, 583,

Numerical No. 289,193,

Attorney: F. Pierce Hummel,

P. O. Reading, Pa.

Recognized.  Contract.

Cert. of Dis. Searched for , 18

A. m. f.

Nov 18/91 Hummel order  
20 B<sup>r</sup> Reading Pa,

Pa.

Ohio.

Mich.

No.

# DECLARATION FOR INVALID PENSION.

Act of June 27, 1890.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of Pennsylvania, County of Berks, ss:

ON THIS 18<sup>th</sup> day of July, A. D. one thousand eight hundred and ninety—

personally appeared before me, a Notary Public, residing at Reading,  
within and for the County and State aforesaid, Elias Howe

aged 44 years, a resident of the township of Spring  
County of Berks, State of Pennsylvania, who, being

duly sworn according to law, declares that he is the identical Elias Howe

who was ENROLLED on the 4<sup>th</sup> day of February, 1864, in Co. "B"  
55<sup>th</sup> Regt Pa. Vols. (Here state rank, company and  
regiment, in Military service, or vessel, if in the Navy.)

in the war of the rebellion, and served at least  
ninety days, and was HONORABLY DISCHARGED at Petersburg Va., on the 20<sup>th</sup>  
day of August, 1865. That he is partially unable to earn a support by  
reason of Disease of back and testicles  
(Here name the disease or injuries from which disabled.)

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That  
he has applied for pension under application No. 674,583. That he is a pensioner

under Certificate No. \_\_\_\_\_  
(If a pensioner, the Certificate only need be given. If not, give the number of the former  
application if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the  
provisions of the Act of June 27, 1890. He hereby appoints

J. Pierce Nunnell of Reading Pa.  
his true and lawful attorney to prosecute his claim, and he directs that the sum of ten dollars be paid him for his  
services.

That his POST OFFICE ADDRESS is care of Edmund Wertz, Reading  
County of Berks State of Pennsylvania

Wilton Sterner  
Asa W. Moyer  
(Two Witnesses who can write, sign here.)

(Signature of Claimant.)



Also personally appeared Milton Sturmer, residing at Springtown, Berks Co. Pa.  
and Aaron M. Meyer, residing at Springtown, Berks Co. Pa., persons whom I  
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
Elias Howe, the claimant, sign his name (or make his mark) to  
the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaint-  
ance with him for 2 1/2 years and 20 years, respectively, that he is the  
identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Milton Sturmer  
Aaron M. Meyer  
(Signatures of witnesses.)

Sworn to and subscribed before me this 18 day of July, A. D. 1890

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained  
to the applicant and witnesses before swearing, including the words "that he is a pensioner  
under the act of June 27, 1890" erased, and the words "that he is a pensioner  
under the act of June 27, 1890" added; and that I have no interest, direct or indirect, in the  
prosecution of this claim.

[Signature]  
(Official Character.)  
Notary Public.

[L. S.]

The Act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service).
4. The rates under the act are graded from \$5 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than one pension for the same period.

Vol. 674, 583  
289193  
Not. 10/29/90, AB  
4/12/24

### SOLDIER'S APPLICATION.

Act of June 27, 1890.

Name Elias Howe  
Service Inf. Co. 13 "55" Regt.  
Penn. Vols.

Address % Edmund Wertz  
Reading Pa.

Date of Execution July 18, 1890



Filed by J. H. Soule  
Reading, Pa.

Printed and for sale by J. H. SOULE, Washington, D. C.,  
F. Pierce Hummel,  
Notary Public,  
220 Washington St., Reading, Pa.

## Neighbor's Affidavit,

Act of June 27, 1890. See Instructions on the Back.

State of Pennsylvania, County of Berks, ss:

In claim No. 674,583 of Elias Howe, Priv. late of Company  
"B", 55<sup>th</sup> Regiment of Penn. Volunteers,

personally appeared before me, the undersigned, duly authorized to administer oaths within and for said

County and State, Henry Moyer aged 60 years;

and Adolph Spenger aged 48 years; residents of

Reading, in the County of Berks

and State of Pennsylvania, well known to me to be respectable and entitled

to credit, and who, being duly sworn, declare in relation to the aforesaid case, as follows: That they

have been well and intimately acquainted with Elias Howe for

30 years, and 17 years respectively, and that said Howe

has been complaining of pain across  
his back and testicles for at least ten  
years to the knowledge of the affiants,  
that they both worked with him, that  
he frequently was compelled to give  
up work by reason thereof and that  
about a year ago applicant was un-  
able to work for about two months by  
reason thereof, that he has a weakness  
and pain in his back running into  
his testicles and that when he under-  
takes to do any manual labor he  
complains of awful pain which runs  
into his testicles and causes them to  
become swollen and painful.

That in the opinion of the affiants and  
Howe is unable to perform more than  
one fourth the labor of an able bodied man  
at hard manual labor, that when he  
worked with them he was given light  
employment and received less wages, and  
even then he was compelled to resign  
it. That his disabilities are not due to  
deceit or improper habits, and are





*a permanent character*

Affiants further state that they have no interest direct or indirect in this claim, and that the facts, as above related, were derived from a close and intimate acquaintance with the claimant, as ~~neighbors~~ *fellows workmen and as former* neighbors, from 1890 to the present time.

*Henry Moyer*  
*Adolph Spenger*  
Signature of Affiants.

SWORN to and subscribed before me on this *19<sup>th</sup>* day of *February* 1891.

by the above named affiants; and I certify that I read said affidavit to said affiants, and acquainted them with its contents before executing the same. And I further certify that I am nowise interested in said case, nor am I concerned in the prosecution.

*"Neighbors" from 1890 to the present time*  
*as fellows workmen and as former neighbors*  
*as former neighbors*

*Walter H. Hensley*  
Official Signature.  
*Katany Pullin*

NEIGHBOR'S AFFIDAVIT.  
Act, June 27, 1890.

Affidavit of

*Henry Moyer*  
*and Adolph Spenger*

Claim of

*Colius Hove*

*Private*

*Co. B* *55<sup>th</sup>* *Reg't.*

*Private* *Volunteers.*

*No 674 683*

FILED BY

*J. P. Hummel*  
*accy.*

*Reading, Pa.*

Printed and for Sale by T. F. HENSLEY, Publisher of  
Pension Blanks, Washington, D. C.

INSTRUCTIONS.—This blank should be used for the evidence of employers or near neighbors of the soldier, showing the nature and degree of his present mental or physical disabilities, as required under the Act of June 27, 1890. The witnesses must state the length of time they have known the soldier and describe all wounds, injuries and diseases with which he is now afflicted, whether of army origin or not. If they can not give the name of the disabilities with which the soldier is afflicted they should describe the symptoms, and state specifically the extent to which he is disabled from performing hard manual labor. The affidavit must show that the disabilities complained of are not the result of his own vicious or improper habits, and that they are permanent in character. They should also state their means of knowing the facts related, whether by employing the soldier, working with him, or simply as a neighbor.

It can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, Certificate of Clerk of Court is not necessary. If no seal, such certificate must be attached.



## Physician's Affidavit,

Act of June 27, 1890.

This affidavit, should, if possible, be in the handwriting of the affiant; the instructions on the back should be carefully observed. All the facts in the possession of affiant, as to the origin and continuance of the disabilities alleged, should be set forth, and the dates of treatment should be specially given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Pennsylvania, County of Berks, ss:

In the pension claim of Elias Howe, No 674,583, late Private  
of Co. "B" of the 55<sup>th</sup> Regiment of Pennsylvania Volunteers. Per-  
sonally appeared before me a Notary Public in and for the County and State afore-  
said, Dr. J. J. Kautler, a resident of Reading  
in the County of Berks, State of Pennsylvania.

who, being duly sworn, declares in relation to said claim as follows:

I have examined said applicant  
and find to complain of pain along  
the left spermatic cord and  
testicle, is very much aggravated by  
lifting heavy.

He also suffers pain on chest,  
coughs considerable and is  
rough on his lungs, gets, for the  
last 5 years attacks of coughs in  
the spring of the year that he is not  
able to work.

Suffers also from bladder and kidney  
affections, pain in the small of the  
back, and Chronic Rheumatism.

I prescribed for him on the 12<sup>th</sup> day  
of April 1890 for Cystitis and since  
frequently for the above named  
complaints, but without great  
relief, is at least disabled 4 months  
out of every year.

Know him personally and am  
positive that his ailments are  
not caused from vicious habits &c,  
and consider him incurable.

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he has



been a practitioner of medicine for

Three years.  
*J. J. Kantner M.D.*  
Affiant's Signature. Give rank and service, if in the army.

Sworn to and subscribed before me on this 21<sup>st</sup> day of February 1890, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above affidavit were fully made known to him before swearing, including the words \_\_\_\_\_ erased, and the words "none" added, and that I have no interest, direct or indirect, in the prosecution of this claim.

Official Signature

*Walbert D. Craig*  
*Kelsey Fuller*

NOTES.—The physician's affidavit must show the following facts: 1st. A complete diagnosis of the disabilities upon which the claim for pension is based, and the period during which he treated him 2d. That the soldier is suffering at present from a mental or physical disability of a permanent character not the result of his own vicious habits, which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated.

MEDICAL EVIDENCE,

Act June 27, 1890.

Affidavit of

*Dr. J. J. Kantner*

Claim of

*Calvin Stowe*  
*Priv.*

*"13" 55 ds*  
*Reg't*  
*Penn.* *Volunteers.*  
*No. 644 583*

FILED BY

*J. P. Samuel*  
*Reading, Pa.*

Printed and for Sale by F. HENSLEY, Publisher of  
Pension Blanks, Washington, D. C.



6-552

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

[State above whether for original, increase, or restoration.]

Pension Claim No. 074.370

to above whether for original, Inc

Elihu Stone

Rank. *Private*

Company D, 55<sup>th</sup> Reg't 40<sup>th</sup> Div.

*Cratogeomys Penna.*

State,

Claimant's post-office address.

2. *Emilia*. *U. Em.*

Post-office address of the Board.

[Date of examination.]

189/.

We hereby certify that in compliance with the requirements of the law we have carefully

examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: *Continuous back muscle, affected by posture, increased back*

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of 20 dollars per month

He makes the following statement upon which he bases his claim for

[Original, increase, re]

Here give the claimant's statement as briefly and as compactly as possible.

(Original, increase, restoration, &c.)  
 Pearlshell gates, Marina del Mar, Cal. 1895. St. Clement, D.C. Large number of young glass  
 pearls produced in my shell, some very good, reflecting in shades of blue and part  
 same transparent. (Lack of) caused much of the pearls to be lost in  
 reflections of light. He also sends, that he has, 1897, his first good  
 performance of manual labor.

Upon examination we find the following objective conditions: Pulse rate, 80

respiration, 20; temperature, 98.4°; height, 5 feet 2 1/2 inches; weight, 115 pounds; age, 46 years. Chlamydia trachomatis serotype 4

Here give a full description of the disabilities, in accordance with Book of Instructions.

Cremasteric reflex tenderness local in region of lumbar vertebrae, also contractile muscles, with tendons surrounding them. Clamant cannot stoop to initiate peristalsis or locomotion, reflexes exquisite. Tonic flexion, slow and motion flat mid  $\frac{1}{2}$  of normal, all other trunk muscles and tendons, who body is normal. Uncontrollable and paroxysmal disease. The heart & lungs are as evidenced by careful examination. No fluid no result of mumps as alleged - abdominal distended but what has been disclosed there is no disease of back or chest. Food and exercise adequate. Sweet water all around one normal. Reported disability is not the result of vicious habits.

Rate for EACH  
cause of disa-  
bility.

He is, in our opinion, entitled to a 1/8 rating for the disability caused by demonstrated tremor, nothing for that caused by injury or disease of back, and nothing or nothing for that caused by \_\_\_\_\_.

L. S. Dierckx, Pres. Edmond P. Probst, Sec'y. H. K. Spang, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.



SURGEON'S CERTIFICATE

IN CASE OF

Edw. Ford  
Co. B 55<sup>th</sup> Regt. Cal. Inf.

Applicant for Discharge

No. 674.673.

DATE OF EXAMINATION:

November 25<sup>th</sup>, 1891.

W. B. O'Connell, Pres.,  
Edward B. B. B., Sec'y. } BOARD.  
H. H. H. H., Treas.,

Post office, Grading  
County, Denver  
State, Colorado

P. S.—Write your Post-office address plainly and in full.

Continue re-  
cord of examina-  
tion here.



Request for Special Action  
GENERAL AFFIDAVIT.

State of Pennsylvania, County of Bucks, ss:

In the matter of original invalid pension claim of Elias Horve  
Priv. Co. B. 55th Reg. Pa. Vol. No. 694,583 personally appeared before me,  
a Notary Public within and for the county and state  
aforesaid, Henry Meyer aged 50 years; and  
Henry Scheret aged 22 years; residents of  
Reading, Springtown, respectively, County of Bucks, and State  
of Pennsylvania, well known to me to be reputable and entitled to credit, and  
who being duly sworn according to law, state in relation to the above named claim as follows:

That request is hereby made to the Hon. Com-  
missioners of Pensions for special & immediate  
consideration of the above stated claim on the  
ground that the applicant is physically unable  
to do any manual labor at this time and  
has been for some time past and is unable  
to earn anything for his support and is in  
very destitute circumstances. He is assisted  
by the Poor Directors of the County and others  
in his support and stands in very great  
need of the benefits of his pension.

These facts are known to affiants by  
reason of intimate acquaintance with  
applicant and seeing him often.

Their Postoffice address is Reading, Pa.

Affiants further declare that they have no interest in said case, and are not concerned in its  
prosecution.

Henry Meyer  
Henry Scheret  
Witnesses.

SWORN to and subscribed before me on the 8th day of January, 1892, and I  
hereby certify that the contents of this affidavit were fully made known to the affiants before  
signing and that I have no interest in this claim.

Official Signature:

William O. Cornman  
Notary Public

Request for Special Action

GENERAL INVESTIGATION

Affidavit of  
Henry Meyer  
and Arthur Schuch  
Claim of  
Elias Hove  
Pris.

Co. B. 56<sup>th</sup> Reg't.  
Penn. Vol's.  
No. 674,583.

FILED BY

H. D. Hummel  
att'y.

Reading, Pa.

Printed and for Sale by T. S. HENSLEY, Publisher of  
Pension Blanks, Washington, D. C.





Special

*M. A. J. A. G. E. P.*  
DIVISION.

(3-079.)

Call No. 13.

CALL FOR HISTORY OF CLAIMANT'S DISABILITY.

**Department of the Interior,**  
BUREAU OF PENSIONS,

Washington, D. C., *Jan'y 19, 1892*

SIR:

In the claim for Invalid Pension No. *674 583*, of *Elias Howe*, the claimant is requested to state his place or several places of residence (actual post-office addresses—in cities, the names of streets and numbers), and what his occupation has been during the period from his discharge to the present time, giving approximately the dates of any changes in his residence. He should also give a full and circumstantial history of the origin of his disability, and its continuance from the time when it first appeared, mentioning all medical treatment which he has received, and the names and residences of his physicians, and which, if any of them, are deceased. He should also state whether at any time and for what period or periods, giving dates as nearly as possible, he has been prevented from following his usual occupation by reason of the alleged disability.

Until the foregoing shall have been furnished, further action can not be intelligently taken in this claim, and a prompt reply will facilitate its early settlement.

N. B.—Please have number of claim and name and service of soldier put on back of evidence filed, and also say in reply to Call No. 13.

Very respectfully,

*Geo B Raum*  
Commissioner.

*Mr. Elias Howe*

*Care of Edward Wright*

*Reading*

*Birkles Pa*

*Reply to Call No. 13.*

*Invalid pension claims*

*No. 644, 583.*

*of*

*Elias Howe.*



Special  
(3-145 a.)

ACT OF JUNE 27, 1890.

# INVALID PENSION.

707,354  
Phila.

OLP

Claimant, Elias Howe - care of Edward Metz  
P. O., Reading  
County, Berks  
State, Pennsylvania  
Rank, Private  
Company, B  
Regiment, 55 Pa Vol Inf  
Rate, \$ 0, per month, commencing Aug 4 1890

Disabled by Lumbago

## RECOGNIZED ATTORNEY.

Name, J. Pierre Hummel Fee, \$ 10 Agent to pay.  
P. O., Reading Pa Articles filed, \_\_\_\_\_, 189\_\_

## APPROVALS.

Submitted for Admission, Jan 20 1892 Jas. Abraham, Examiner.  
Approved for Admission Approved for Lumbago \$6.00  
Not May 21 1892 Pratt Jan 22 1892 J.M.  
Medical Referee.

Not now pensioned under other laws. Last paid to \_\_\_\_\_, 18\_\_\_\_, at \$\_\_\_\_\_  
Pensioned from \_\_\_\_\_, 18\_\_\_\_, at \$\_\_\_\_\_, for \_\_\_\_\_

## SERVICE SHOWN BY RECORD.

Enlisted July 27, 1864 honorably discharged Aug 30, 1865  
Re-enlisted \_\_\_\_\_, 18\_\_\_\_, honorably discharged \_\_\_\_\_, 18\_\_\_\_  
Declaration filed Aug 4, 1890, alleges permanent disability, not due to vicious habits,  
from disease of back and testicles

Claimant's units

no M.B

January 25, 1892.  
Hon. Green B. Raum,  
Commissioner of Pensions,  
Washington, D.C.

Dear Sir:

In answer to the annexed communication will state that after my discharge from the service, I resided in Bern township, Berks Co. Pa., about 10 miles from where I now reside for about 1 1/2 years (P.O. Leesport) from that place I moved to Spring township Berks Co. Pa. where I now reside and have resided ever since, about a mile from Reading Pa.

During all this time my occupation has been that of a Laborer, obtaining such light employment as I could get.

During my service in the army, in April or May 1864 at Buford S.C. while unloading a provision wagon, I had to do some very heavy lifting and sprained myself in my back and articles for which I was treated in the field Hospital at

first, and then in the General Hospital for about 4 weeks, after which I rejoined my command. During all the time that I was out in the service I suffered from this although I managed to keep along with my command.

After my discharge & on my return home my sufferings kept on continually, in each year, sometimes very much more than at others, occasionally laying me up entirely.

I couldn't do any hard labor at all since, - if I got any labor to do that wasn't light and I tried to do it, the result was it laid me up for a while. If I undertake anything that is a little heavy it gives me terrible pain in the back and awful swelling in the testicles, and this has been so ever since I came home from the army.

I tried many home remedies at first for it - as I was too poor to pay for a regular physician, then some friends helped me a little and I went to Dr. L. H. Thompson of Reading, Pa. about 13 years ago, he treated me a while, but got no better, then after that went to Dr. F. J. Hays, Reading, Pa. who treated me for some years, but did no better.

I have also suffered from Lung troubles, Rheumatism, Headaches, troubles and a general physical breaking up for some years.

ELIAS HAY



100 day circular  
Jan. 2 - 89  
Ex. R. R. No. 10  
Ex. R. R. No. 10

100 day circular

Pa.

Oct 2/89

Aug 9/89 let to atty. H. notifying  
him that a new Ex. R. R. No. 10  
be ordered until atty. shall file  
with testimony that he is not  
been suffering from the dis. of mind  
for 100 days as from Ex.  
J. A. L.

OHIO.  
May 29/92 atty. H. L. O. O. O.  
remains of inj. of back  
att. for this injury. J. A. L.

MICH.

No.

*Special*  
GENERAL AFFIDAVIT.

State of Pennsylvania, County of Berks, ss:

In the matter of Original invalid pension claim No. 674,583  
of Elkus Howe Indes. B. 55 Reg. P. Inf. Co., personally appeared before me,  
Notary Public within and for the county and state  
aforesaid, Elkus Howe aged 45 years; and

Spring township, County of Berks, and State  
of Pennsylvania well known to me to be reputable and entitled to credit, and  
who being duly sworn according to law, state in relation to the above named claim as follows:

That he is the claimant in the above stated case;

In reply to circular call No. 8 states; that he  
cannot now recollect that a commissioned officer  
was present when the strain injury to his back  
was incurred, and he has heretofore filed the affi-  
davit of Surg. Rensinger Corp. However in this period,

In reply to call No. 9. He does not know the  
medical reports of Surg. Morrill who had charge of his  
case and by whom he was ordered to the Hospital.  
He does not know whether he is living.

In reply to call No. 11, states that he tried many  
home remedies for his complaint for a number of  
years after his discharge, then went to Dr. L. H. Thomp-  
son and next to Dr. F. J. Kambour both of Reading, Pa.  
whose affidavits were filed.

In reply to call No. 12 states that under this  
clause he has filed the affidavits of John  
Wachman & Henry Meyer.

He further states that he is in destitute circum-  
stances & respectfully requests that his claim  
under the old & new law be considered together  
in order that either one or the other may be  
speedily adjudicated to alleviate his extreme necessities

Affiants further declare that they have no interest in said case, and are not concerned in its  
prosecution.

Elkus Howe

Witnesses.

SWORN to and subscribed before me on the 28<sup>th</sup> day of January, 1892, and I  
hereby certify that the contents of this affidavit were fully made known to the affiants before  
signing and that I have no interest in this claim.

Official Signature:

Cameron E. Strauss.  
Notary Public.

*Special.*

GENERAL AFFIDAVIT.

Affidavit of

*Reimbursement*

Claim of

*Elias Howe*

*Priv.*

Co. *B* 55<sup>th</sup> Reg't.

*Penins.* Vol's.

No. *644,583*

FILED BY

*F. D. Hummel*

*Reading, Pa.*

Printed and for Sale by T. F. HENSLEY, Publisher of  
Pension Blanks, Wilmington, D. C.



48

ACT OF JUNE 27, 1890

3-402.

Certificate No. 707,354

Department of the Interior,

Name, Howe, Elias

BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Yes. Mary Caroline Howe - Mary Caroline Sennore

Second. When, where, and by whom were you married?

Answer. Married by Rev. J. H. Umbachew at Trinity Lutheran Church, Pottsville.

Third. What record of marriage exists?

Answer. Complete record in "Registers office" Court House Schuylkill County.

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. Yes. Louisa Howe. She is dead.

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Four. Two are over 21 yrs of age. William Howe

Born 14 June 1884 Eliza Howe Born 10 July 1886

Those over age. Abram H. Howe Born 16 Sept 1869. John E. Howe Born 16 June 1872

Date of reply, May 4, 1898

0-8

(Signature.)

5301b750m1-98



Under Act of June 27, 1890.

*J. H. H. H.*

(3-217a.)

INCREASE.

Claim to \_\_\_\_\_

No. *707354*

*Elias Howe*

P. O., *Reading,*

County, *Berks*

State, *Pa.*

Application filed *Aug 9, 1890*

State Service, *B 55 Pa. Inf*

*Dec 3/90. Letter by Ber Reading Pa.*

*Atty Gen notified for letter No.*

*Robert M. S. July*

Disability, \_\_\_\_\_

Attorney, *D. C. Boyer,*

at P. O., *Reading*

County, \_\_\_\_\_, State, *Pa.*

(186-100m.)

*Emo.*

*W*

ACT OF JUNE 27, 1890.

## Declaration for Increase or Additional Invalid Pension.

State of Penna, County of Berks, ss:On this 6th day of August A. D. 1900, personally appeared before me, a Notary Public, within and for the County and State aforesaid, Elias Howe aged 54 years, a resident of Alsace Township County of Berks and State of Penna,who, being by me duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Philadelphia Pension Agency at the rate of Six dollars per month, under Certificate No. 717.354, by reason of disability from(Insert No. of Certificate.) Lumbago (Here state the name and nature of your disability as it is in your Pension certificate.)That his Mil service was as follows: Co "H" 55th (State Company and Regiment, if in the Army, and vessel if in the Navy.) Regiment Pennsylvania Volunteer Inf

That he believes himself entitled to an increase of pension on account of increased inability to earn a support by manual labor arising from the disabilities for which already pensioned.

That he also claims an increase of pension on account of the following additional disabilities:

Pneumation poor Eye sight  
Heart Disease and General Debility

That these additional disabilities have developed since the date of his last examination by a board of examining surgeons, or were not considered by said board, or in said rating, and are not due to vicious habits and are permanent in character.

That he makes this declaration for the purpose of having his pension rate increased to an amount commensurate with the existing degree of his inability to earn a support by manual labor.

That he hereby appoints, with full power of substitution and revocation,

D. C. BOYER, of READING, PA.

his true and lawful attorney to prosecute his claim.

His Post Office address is Reading Berks Co Pa

WITNESSES:

1

2

William E. Moyer  
Henry Moyer  
(Two witnesses who write must sign here.)Elias Howe  
(Claimant's signature.)Also personally appeared William Moyer, residing at Reading Pa, and Henry Moyer, residing at Reading Pa, persons whom I certify to be respectable andentitled to credit, and who, being by me duly sworn, say they were present and saw Elias Howe, the claimant, sign his name (or make his mark) to the foregoing; that they have every reason to believe from the appearance of said claimant, and their acquaintance with him for 30 years and 30 years, respectively, that he is the identical person he represents himself to be, and

that they have no interest in the prosecution of this claim.

WITNESSES:

1

2

(If either witness signs by mark, two witnesses who write must sign here.)

1

2

(If either witness signs by mark, two witnesses must sign here.)

William E. Moyer  
Henry Moyer

FILED

Sworn to and subscribed before me this 6th day of August A. D. 1900  
and I hereby certify that the contents of the foregoing declaration, etc., were fully made known  
and explained to the applicant and witnesses before they made oath to the same, including the  
words.....erased, and the words  
.....added: and that I have no  
interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Geo. M. Miller  
(Signature.)

Notary Public  
(Official Character.)

The Act of May 9, 1900, amending the Act of June 27, 1890, does not change the form of application and should not  
be mentioned in the application, for it merely provides that in determining the degree of inability to earn a support, "each  
and every infirmity shall be duly considered, and the aggregate of the disabilities shown be rated."

Prepared and for sale by GOURNOR'S DICTIONARY  
125 430 F Street, N. W., Washington, D. C.

D. C. BOYER  
READING, PA.

FILED BY

REC'D  
AUG  
10  
1900

Emma J. Vol.

Co. B 55-18 Regt.

Blair House

CLAIM FOR INCREASE.  
**INVALID.**

Certificate No. 7072337

168



An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. Stedley, Dr. Stapp, and Dr. Stapp, were personally present and actually participated in the examination of Chas. Howe, the claimant in this case, on 12 day of Dec., 1900."

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 1900."

(Signature.)

IN CASE OF

**SURGEON'S CERTIFICATE**

Chas. Howe

Co. P. W. Reg't Pa. Inf.

APPLICANT FOR increase

No. 707.354

DATE OF EXAMINATION:

Dec. 12<sup>th</sup>, 1900

BOARD.

Stedley, Pres.,  
Stapp, Sec'y,  
Stapp, Sec'y.

Post office, Reading

County, Perk.

State, Pa.

P. S.—Write your Post-office address plainly and in full.





# SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character and number of claim.

Name of claimant.

Pension Claim No.

*Spec.*  
*Elias Boyer.*  
*Co. 1st Reg't Pa. Inf.*  
*Reading, Pa.*  
*Dec. 12 - 1900*  
 [Date of examination.]

## EXAMINATION—Continued.

*Mumps? No evidence of any mumps of present and no disability resulting from the same.*  
*Urine? Light amber. Acid. Sp. Gr. 1.020*  
*No albumen or sugar.*  
*No other disability. No vicious habits.*  
*We find that the aggregate permanent disability for earning a support by Manual Labor is due to rheumatism and bunions. Not due to vicious habits, and warrants a rate of \$8.00 per month.*  
*Occupation. Laborer.*

*W. S. Kupp* Pres. *W. S. Kupp* Sec'y *W. S. Kupp* Treas.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. Shaley, Dr. Rupp, and Dr. Rugg, were personally present and actually participated in the examination of Elvis Bourc, the claimant in this case, on 12 day of Dec., 1900.  
(Signature.) Shaley B. Rupp

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_."

(Signature.) \_\_\_\_\_



# SURGEON'S CERTIFICATE

IN CASE OF

Elvis Bourc  
Co. A. C. 55 Reg't P. Inf.

APPLICANT FOR General

No. 707.3574

DATE OF EXAMINATION:

Dec. 12<sup>th</sup>, 1900  
Shaley Pres.,  
Rupp Sec'y,  
Rugg Treas.,  
BOARD.

Post office, Warrington  
County, Perks.  
State, Pa.

P. S.—Write your Post-office address plainly and in full.

DEC 19 1900

ACT JUNE 27, 1890.

## Increase INVALID PENSION.

Claimant, Elias Howe  
✓ P. O. 558 North 6th Street Reading  
County Berks  
State Pennsylvania  
Rank Private  
Company B  
Regiment 55th Ohio Vol. Inf.  
Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_  
Pensioned for \_\_\_\_\_ inability to earn a support by manual labor

## RECOGNIZED ATTORNEY.

Name D. C. Boyer Fee, \$ 2  
P. O. Reading Berks Co. Pa Agent to pay.

## APPROVALS.

Submitted for Exam June 6, 1901, Jas. A. Graham, Examiner.

Approved for lumbago, (old)  
and rheumatism in  
paired right dis-  
ease, heart and  
general debility  
alleged Aug. 9, 1900.

Approved for lumbago

Aggregate of disabilities shown, permanent in character: \$ 6.00

No income

June 18, 1901, W. A. Paul Legal Reviewer.  
Tristram Medical Examiner.  
John Medical Reviewer.  
June 17, 1901, John Medical Referee.

Enlisted July 27, 1864, honorably discharged Aug 30, 1865  
Enlisted \_\_\_\_\_, 186\_\_\_\_; honorably discharged \_\_\_\_\_, 186\_\_\_\_  
Pensioned at \$ 6.00 per month. Last paid to \_\_\_\_\_  
Pensioned for lumbago

## PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Aug 9, 1900, alleges lumbago, rheumatism, pain  
right, heart disease and general debility

Claimant does \_\_\_\_\_ write.  
Certificate not filed.

Act May 9, 1900

ACT OF JUNE 27, 1890.

*Increase of*  
DECLARATION FOR INVALID PENSION.

State of Pennsylvania, County of Berks, ss:  
On this 27<sup>th</sup> day of June, A. D. one thousand <sup>nine</sup>~~eight~~ hundred and <sup>two</sup>~~ninety~~,  
personally appeared before me, an Alderman, of the  
City of Reading, within and for the County and State aforesaid,  
Elias Howe, aged 56 years, a resident of the city  
of Reading, County of Berks, State of  
Pennsylvania, who being duly sworn according to law, declares that he is the identical Elias Howe

who was ENROLLED on the 27<sup>th</sup> day of  
February, 1864, in Company F, 55<sup>th</sup> Regt Penna Vol  
Infantry as a Private  
(Here state rank, company and regiment, if in military service, or vessel, if in Navy.)

in the war of the rebellion, and served at least ninety days and was HONORABLY DISCHARGED at Petersburg  
Virginia, on the 30<sup>th</sup> day of August, 1865 That he

is totally unable to earn a support by manual labor by reason of Rheumatism  
(Here name the disease or injuries from which disabled.)  
Sprained Back Shot of Mouth Asthma Near Sighted  
in both eyes

That said disabilities are not due to his  
vicious habits, and are to the best of his knowledge and belief permanent. That he has  
applied for pension under application No. \_\_\_\_\_ That he is a pensioner under Certificate No.

#707354. That he has not been employed in the Military or Naval Service of the U. S., otherwise  
(if a pensioner, the certificate number only need be given. If not, give the number of the former application if one was made.)

than as above stated, prior to February 27<sup>th</sup>, 1864 or since August 30<sup>th</sup>, 1865 That he  
for Increase  
makes this declaration for the purpose of being placed on the pension roll of the United States, under the provisions of

the Act of June 27, 1890, as amended by Act of May 9, 1900. So as to get \$12.00

He now draws \$6.00 per month

He hereby appoints with full power of substitution and revocation,

Zach. C. Hock, Kutztown, Berks County, Pa.,

his true and lawful attorney to prosecute his claim. That his Post Office address is #24 Thorn

Street Reading, County of Berks, State of

Pennsylvania.

Attest: Evel Benicoff  
William R. Sallada

Elias Howe  
(Declarant's Signature)

FILED

Also personally appeared Enoch Benicoff, whose P. O. address is  
378 Hellens Court Reading, and William R. Sallada, whose P. O. address is  
134 Pear Street Reading, persons whom I certify to be respectable and  
entitled to credit, and who, being by me duly sworn, say they were present and saw Elias  
Howe, the claimant (~~make his mark~~) to the foregoing declaration; that  
they have every reason to believe from the appearance of said claimant and their acquaintance with him for  
20 years and 13 years, respectively, that he is the identical person he represents  
himself to be; and that they have no interest in the prosecution of this claim.

Enoch Benicoff  
William R. Sallada  
(Signatures of witnesses.)

Sworn to and subscribed before me, this 27<sup>th</sup> day of June A. D., 1902.

and I hereby certify that the contents of the above declaration, etc., were fully made known and ex-  
plained to the applicant and witnesses before swearing, including the words \_\_\_\_\_

[L. S.] \_\_\_\_\_ erased, and the words  
\_\_\_\_\_ added; and that I have  
no interest, direct or indirect, in the prosecution of this claim.

May 7 900 May 905  
Eugene J. Schott  
(Signature)  
W. L. Alderman  
(Official character.)

The Act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

*For Invoice*

*Act May 9<sup>th</sup> 1900*  
ACT OF JUNE 27, 1890.

**SOLDIER'S APPLICATION.**

NAME. Elias Howe  
SERVICE. Private Co. B. 55<sup>th</sup> Regt  
Penna Vol Infantry  
ADDRESS. 24. Thurn St  
Reading Pa

*777.354 on*  
JUL 1902  
RECORDED  
INDEXED  
ZACH. C. HOCH,  
KUTZTOWN, BERKS CO., PA.

Date of Execution, 6<sup>th</sup> 27/1902  
168



Under Act of June 27, 1890.

(3-1639-)

INCREASE.

Claim to \_\_\_\_\_

No. 707354

Elias Howe

P. O., 24-Thorn St. Reading

County, Berks

State, Pa.

Application Filed July 1, 1902

State Service, B-55 Pa Inf

Oct 14/02 Lebanon

Pa.  
att. ad. M. A. B

Disability, \_\_\_\_\_

Attorney, Jack C. Nock

P. O., Kutztown

County, \_\_\_\_\_, State, Pa.

(186-100m.)

me

M.S.

107354  
Phil.

3-357.  
(Old No. 3-145 &.)

Cert. No. 117354

ACT JUNE 27, 1890.

INCREASE. INVALID PENSION.

Claimant Elias Howe  
P. O. 24 Thom St Rank Private  
County Reading Company B  
State Pennsylvania Regiment 55 Pa Vol Inf  
Rate, \$ 8 per month, commencing October 29, 1902

Pensioned for Reading inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name J. Gachs C. Koch Fee, \$ 2.00  
P. O. Ruthtown Pa Agent to pay.

APPROVALS.

Submitted for Feb 6, 1903, H. J. Ramey, Examiner.

Approved for Lumbago (old) Approved for rheumatism, (Lumbago included)  
resulting disease of heart  
Rheumatism, asthma  
& affection of eyes, etc.  
acced. July 1, 1902

Aggregate of disabilities shown, permanent in character: \$ 8  
from October 29, 1902.

Feb 7, 1903, Wm. Hanna  
Legal Reviewer.  
1903, Re-Reviewer.

Raub H. J. Ramey  
Medical Examiner. Medical Examiner.  
July 13, 1903, Sam. D. Vinton  
Medical Referee.

Enlisted Feb 27, 1864, honorably discharged Aug 30, 1865

Enlisted 186, honorably discharged 186

Pensioned at \$ 6.00 per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed July 1, 1902, alleges increase rheumatism  
sprained back, short of breath, asthma and  
near sighted in both eyes

Claimant does not write.  
Certificate not filed.

W. S. M. C.  
0-4

## SURGEON'S CERTIFICATE.

Insert character and number of claim. Decrease Pension Claim No. 707357  
 Name of claimant. Elvin Howe Address of Board. St. Louis P. O. Pa. State. Pa.  
 Company B. Reg't 65 Pa. Vol.  
 Claimant's post-office address. 24 Thom. St. Reading, Berks Co. Pa. (Date of examination.) Oct 29, 1902

Cause of disability. Rheumatism, Spained back, short of breath, Asthma & now sighted in both eyes & limbs

He receives a pension of Six (6) dollars per month.

Here give the claimant's statement (as briefly and as completely as possible) in regard to the origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: I have rheumatism in my arms & calf of legs. I had a spained back while in the army at Fair's where when I do any work I get very short of breath & cannot all the time. I am unable to read without glasses I have pain in my back all the time

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace. Berks Co. Pa.; age, 56.7 years; height, 5.1; weight, 148 pounds; complexion, Dark; color of eyes, Hazel; color of hair, Gray; occupation, nothing; permanent marks and scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:

Pulse rate 96 96 116; respiration, 24 24 28; temperature, 98.2; (Sitting, standing, after exercise.) (Sitting, standing, after exercise.)

Here give a full description of the disabilities, in accordance with Book of Instructions.

Rheumatism right shoulder joint 16 1/2, Left 15 1/2, no swollen joints. Right shoulder joint, stiff & painful with heat & effusion limitation of motion of right shoulder joint. no other joints are affected. Muscles left & right no contraction of muscles & tendons. Heart. Atrial impulse 5th space in left chest with muffled evidence to inspection & palpation. Spleen 2.5" 4" 4" to left of median line. Urinary. Urine diminished, in force, amount, & regularity. Systolic murmur, metallic & blowing in character. The first & 4th & 5th spaces. Dyspnea, redness of eyes. And general appearance.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

When a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the Board must be stated.

When not due to such habits this fact must be stated.

Spained back no evidence of any inflexible muscles of lumbar region are rigid & firm on pressure but no evidence of any inflammation of the muscles of back. Short of breath is due to the disease of the heart.

Asthma due to the heart no evidence of any nervous trouble. Lung measurement at rest 26" 26" fully expiration 23" 23" fully inspiration 27" 27"

No sight of both eyes. Can read the lines of Snellen card at 15 feet and all the lines at 3 feet. No evidence of nearsightedness.

Limbago same as spained back.

Except as above no other disability is found to exist.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

We find that the aggregate permanent disabilities for earning a sufficient manual wage, viz. rheumatism of right shoulder, pain of back, spained back, & short of breath due to vicious habits and we award a rate of \$6.

Chas. F. Meier, Pres. J. Walter, Sec'y. S. Bright, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3-155, 2-111, 2) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



Rarity

SURGEON'S CERTIFICATE

IN CASE OF

Ellis Howe  
Co. B., 53<sup>rd</sup> Reg't Pa. V. L.

APPLICANT FOR License

No. 707354

DATE OF EXAMINATION:

October 29, 1902

Chas. L. Miller, Pres.,  
J. H. Walker, Sec'y,  
J. H. R. R. R., Treas.,  
BOARD.

Post office, Lebanon  
County, Lebanon  
State, Pa.

P.S.—Write your Post-office address plainly and in full.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. Chas. L. Miller, Dr. J. H. Walker, and Dr. L. R. Light, were personally present and actually participated in the examination of Ellis Howe, the claimant in this case, on 29 day of October, 190 2"

(Signature.) J. H. Walker

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_"

Witnesses  
to mark.

(Signature of  
Applicant.) \_\_\_\_\_

55

ACT OF JUNE 27, 1890.  
*James*  
DECLARATION FOR INVALID PENSION.

State of Pennsylvania, County of Berks, ss:

On this 5<sup>th</sup> day of March, A. D. one thousand nine hundred and

3, personally appeared before me, an Alderman, of the  
within and for the County and State aforesaid,

Elias Howe, aged 57 years, a resident of the City  
of Reading, County of Berks, State of

Pennsylvania, who being duly sworn according to law, declares that he is the identical Elias

Howe, who was ENROLLED on the 27 day of  
February 1864 in Co. "B," 55<sup>th</sup> Reg. Pa Vol  
(Here state rank, company and regiment; if in Military service, or vessel, if in Navy.)

in the war of the rebellion, and served at least ninety days and was HONORABLY DISCHARGED at Petersburg  
Va., on the 30 day of August, 1865. That he

is totally unable to earn a support by manual labor by reason of hemiparesis,  
(Here name the disease or injuries from which disabled.)  
sprained back, short of breath - asthma,  
near sighted in both eyes.

That said disabilities are not due to his  
vicious habits, and are to the best of his knowledge and belief permanent. That he has

applied for pension under application No. That he is a pensioner under Certificate No.

707.354 That he has not been employed in the Military or Naval Service of the U. S., otherwise  
(If a pensioner, the certificate number only need be given. If not, give the number of the former application if one was made.)  
than as above stated, prior to Feb 27, 1864 or since Aug 30, 1865. That he

for himself  
makes this declaration for the purpose of being placed on the pension roll of the United States, under the provisions of  
the Act of June 27, 1890. So as to get \$12.00 a month,

He now draws \$8.00 per month  
He hereby appoints with full power of substitution and revocation,

Zach. C. Hoch, Kutztown, Berks County, Pa.,

his true and lawful attorney to prosecute his claim. That his Post Office address is 24 Thorne St.

Reading, County of Berks, State of  
Pennsylvania.



Elias Howe  
(Claimant's Signature.)  
mark

Attest: Samuel Weidner

2 William Eynich

But not the magistrates.



Also personally appeared Samuel Weidner, whose P. O. address is  
339 N Front St Reading Pa, and William Eyrich, whose P. O. address is  
831 Cedar St Reading Pa, persons whom I certify to be respectable and  
entitled to credit, and who, being by me duly sworn, say they were present and saw Elias  
Heine, the claimant, ~~sign his name~~ (or make his mark) to the foregoing declaration; that  
they have every reason to believe from the appearance of said claimant and their acquaintance with him for  
20 years and 20 years, respectively, that he is the identical person he represents  
himself to be; and that they have no interest in the prosecution of this claim.

1 Samuel Weidner  
2 William Eyrich  
(Signatures of witnesses.)  
But not the magistrate

Sworn to and subscribed before me, this 3<sup>rd</sup> day of March A. D. 1903

and I hereby certify that the contents of the above declaration, etc., were fully made known and ex-  
plained to the applicant and witnesses before swearing, including the words

[L. S.] \_\_\_\_\_ erased, and the words  
\_\_\_\_\_ added; and that I have

Record to: no interest, direct or indirect, in the prosecution of this claim.

Certificate on covering  
May 7 1905  
May 1 1905  
2

Eugene J. Bant  
(Signature.)  
Allderman  
(Official character.)

The Act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

207 707.354  
ACT OF JUNE 27, 1890.

**SOLDIER'S APPLICATION.**

NAME. Elias Heine  
SERVICE. Co. B, 55th  
Pa Vol Inf  
ADDRESS. 24 Horn St  
Reading, Berks Co. Pa

Conf No. 707.354

MAR 10 1903  
FILED BY  
RECEIVED  
ZACH. C. HOCH,  
KUTZTOWN, BERKS CO., PA.

Date of Execution, 3-3-1903

Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Claim to

No. 707.354.

Elias Howe.

P. O., 24 - Thorn St.

County, Reading

State, Penna.

Application filed Mar 5, 1903.

State Service,

V. B. 55. Pa. & Inf.

June 10 - 03 C. E. H. P.

Ad Lancaster Pa.

Lancaster Pa.  
June 18 04 order of discharge  
C. E. H. P.

Disability,

Attorney, Zach B. Hoch.

P. O., Kutztown

County, , State, Pa.

(186-100m.)

P. E.

3-337.  
(Old No. 3-4544A.)

Div., \_\_\_\_\_, Ex'r.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., June 12, 1903

Respectfully referred to the Chief of the  
Record and Pension Office, War Department,  
requesting a full military and medical his-  
tory of the soldier with  
description list.

2 Indian

No other report on file.

No. 707,354

Name, Elias Howe

Co. B, 55<sup>th</sup> Reg't. Pa. Vol. Inf

E. J. Ware  
Commissioner.

0-4

Address: "Chief of the Record and Pension Office,  
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,

Washington, JUN 11 1903

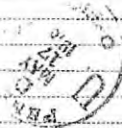
Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of  
Elias Howe, Co. B, 55<sup>th</sup>  
Pa. Inf the military record  
furnish the following  
personal description  
in addition to former  
statement furnished  
Born in Berks Co., Pa.  
age 18 yrs; a laborer;  
eyes brown; hair black  
Complexion dark; height  
5 ft. 3 in.



The medical records show him treated as follows:  
The records found additional  
to that furnished in statements  
dated Jan. 4 & 21, 1889 herewith.



BY AUTHORITY OF THE SECRETARY OF WAR:

E. J. Ware  
Chief, Record and Pension Office.

(828a-a)

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

Here give a full description of the disabilities, in accordance with Book of Instructions, and make a separate paragraph for each disability.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Pension Claim No.

Address of Board.

707354

Laurel P. O.

Laurel State.

June 24, 1903

(Date of examination.)

Company, 15 Reg't, Co. 101st

24 1/2 from St. Reading Pa.

Rheumatism sprain of back shortness of breath defective vision of testicles. He receives a pension of eight dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Rheumatism 30 years sprain of back 20 months shortness of breath 30 years asthma 30 years defective vision 15 years Dis. of testicles 30 years Dis. of heart 30 years. He says that he has Dis. of heart 30 years. He says he has Dis. of heart 30 years.

Birthplace, Bensholes Pa.; age, 57 years; height, 5'2 1/2"; weight, 107 pounds; complexion, Yellow; color of eyes, Brown; color of hair, Darkened; occupation, Laborer; permanent marks and scars other than those described below, none.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 72-80 & 8; respiration, 18 15 18; temperature, 98 3/8; (Sitting, standing, after exercise.) (Sitting, standing, after exercise.)

Rheumatism - one half loss of passive motion in both shoulders and both hips joints all due to stiffness, no atrophy, no swelling. Spine of back is one half lumber, 2 1/2 inches depression marked rigidity of neck, half atrophy. Shortness of breath - Chest 34. 33. 30. Rest 24. 23. 22. Percussion notes clear and auscultatory sounds normal throughout lungs no evidence of asthma. Defective vision - Test R. E. 20/75. L. E. 20/50 corrected R. E. 20/50 L. E. no improvement, wavy marked arcus senilis, pupils contracted, well defined internal pterygia of eyes, left encroaches on the pupillary space, conjunctiva congested, media hazy, vision of testicles no evidence of disease of testicles, no hydrocele, no varicocele. Disease of heart apex beat visible & palpable in the 6th intercostal one inch to the right of the mammary line, action forcible - one inch left distention with compensating hyperinflation - no murmurs, or extra, cyanosis, depression no atrophy. Mumps no evidence of mumps no vesicles. Genital disability no well marked. Sympathetic & pleural dullness normal. Urine S.G. 1.018, acid, clear, trace, no albumen (Benedict's) no sugar (Fehling's test). Penis, prostate, testes, glands & lymphatics normal. Except as above no other disabilities found to exist.

We find that the aggregate permanent disability for earning a support by manual labor is due to Rheumatism, defective vision, and disease of heart, not due to vicious habits and warrants a rate of Ten Dollars a month.

J. H. Horstover, Pres. J. Francis Dunlap, Sec'y. J. T. Davis, Treas.

Single surgeons will use this blank, changing "we" to "I".

Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

☒ (This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. Houston, Dr. Davis, and Dr. Drumlap, were personally present and actually participated in the examination of Elias Howe, the claimant in this case, on 24 day of June, 1903."

(Signature.)

J. Francis Drumlap

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 1903."

Witnesses  
to mark.

(Signature of  
Applicant.)

RECEIVED  
JUL 9  
PENSIONERS' CERTIFICATE  
IN CASE OF

PENSIONERS' CERTIFICATE  
JUL 9  
1903  
OFFICIAL

Elias Howe

Co. B. 55 Reg't Pa. Infantry

APPLICANT FOR increase

No. 707354

DATE OF EXAMINATION:

June 24, 1903

Houston, Pres.,  
J. Francis Drumlap, Sec'y,  
E. T. Davis, Treas.,  
BOARD.

Post office, Lancaster

County, Lancaster

State, Penn

Do not use back of certificates for any purpose other than indicated by printed matter thereon.

6-503a



ACT JUNE 27, 1890.

*Increase* INVALID PENSION.

Claimant, *Elias Howe*  
P. O. *248 1/2 Street Reading*  
County *Berks*  
State *Pennsylvania*  
Rank *Private*  
Company *B.*  
Regiment *55. Pa Vol Inf*  
Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Pensioned for \_\_\_\_\_ inability to earn a support by manual labor

RECOGNIZED ATTORNEY. REJECTED

Name *Jack H. Hoek*  
P. O. *Kutztown Pa*  
Fee, \$ *2*  
Agent to pay.

## APPROVALS.

EASTERN

Submitted for *adju Oct 16,* 190*3*, *J F Allison*, Examiner.

Approved for *Rheumatism, lumbago*  
*and resulting disease of heart, cold*  
*asthma, shortness of breath and*  
*impaired vision, (Caus) Alleged Nov.*  
*5. 1903.*

Approved for *rheumatism and*  
*resulting disease of heart.*

Aggregate of disabilities shown, permanent in character: \$ *8**No increase*

*Oct. 19*, 190*3*, *H. Stoller*  
*Enst Dir* Legal Reviewer.  
\_\_\_\_\_, 190\_\_\_\_, \_\_\_\_\_  
Re-Reviewer.

*Proposed*  
*Oct 27*, 190*3*, *J. H. Phillips*  
*Medical Examiner*  
*Medical Referee*

Enlisted *July 27*, 186*4* honorably discharged *Aug 30*, 186*5*  
Enlisted \_\_\_\_\_, 186\_\_\_\_; honorably discharged \_\_\_\_\_, 186\_\_\_\_  
Pensioned at \$ *8* per month. Last paid to \_\_\_\_\_

## PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *March 5. 1903*, alleges *Increase of cause*  
*shortness of breath, asthma and impaired vision*  
*and sprained back.*

Claimant does *not* write.  
Certificate not filed.

M. C.

1107M

ACT OF JUNE 27, 1890,  
DECLARATION FOR INVALID PENSION.

State of Pennsylvania, County of Berks, ss:  
On this 25<sup>th</sup> day of August, A. D. one thousand nine hundred and  
Four, personally appeared before me, an Alderman, of the  
City of Reading, within and for the County and State aforesaid,  
Elias Howe, aged 58 years, a resident of the City  
of Reading, County of Berks, State of  
Pennsylvania, who being duly sworn according to law, declares that he is the identical Elias Howe  
who was ENROLLED on the 27 day of  
Feb 1864 in Co B 55 Pa Vols  
(Here state rank, company and regiment, if in Military service, or vessel, if in Navy.)

in the war of the rebellion, and served at least ninety days and was HONORABLY DISCHARGED at Petersburg  
Vac, on the 30 day of August 1861. That he  
is totally unable to earn a support by manual labor by reason of rhumatism  
sprained back, short of breath, asthma, near  
sighted in both eyes  
(Here name the disease or injuries from which disabled.)

That said disabilities are not due to his  
vicious habits, and are to the best of his knowledge and belief permanent. That he has

applied for pension under application No. That he is a pensioner under Certificate No.

707354 That he has not been employed in the Military or Naval Service of the U. S., otherwise  
(If a pensioner, the certificate number only need be given. If not, give the number of the former application if one was made.)

than as above stated, prior to Feb 27, 1864 or since Aug 30, 1861. That he  
for none makes this declaration for the purpose of being placed on the pension roll of the United States, under the provisions of

the Act of June 27, 1890. So as to get \$12.00 a month

He now draws \$8.00 a month.  
He hereby appoints with full power of substitution and revocation,

Zach. C. Hoch, Kutztown, Berks County, Pa.

his true and lawful attorney to prosecute his claim. That his Post Office address is General Delivery

Reading, County of Berks, State of  
Pennsylvania.

Elias Howe  
(Claimant's signature.)

Attest: 1 Durien Snyder  
2 Francis Hartman  
But not the magistrate.

Also personally appeared Jarvis Snyder, whose P. O. address is  
901 Schuykill Ave. Reading Pa., and Francis Hartman, whose P. O. address is  
1600 Cotton St Reading Pa., persons whom I certify to be respectable and  
entitled to credit, and who, being by me duly sworn, say they were present and saw Elias Horne

the claimant, sign his name (or make his mark) to the foregoing declaration; that  
they have every reason to believe from the appearance of said claimant and their acquaintance with him for  
30 years and 40 years, respectively, that he is the identical person he represents  
himself to be; and that they have no interest in the prosecution of this claim.

1 Jarvis Snyder  
2 Francis Hartman  
(Signatures of witnesses.)  
But not the magistrate  
Sworn to and subscribed before me, this 25<sup>th</sup> day of August A. D. 1904

and I hereby certify that the contents of the above declaration, etc., were fully made known and ex-  
plained to the applicant and witnesses before swearing, including the words

Pa.  
[L. S.]

erased, and the words

added; and that I have

no interest, direct or indirect, in the prosecution of this claim.

Report Division.  
Certificate on file covering

May 7 1900; May 1 1905

Eugene J. Sanath  
(Signature.)  
Alderman  
(Official character.)

The Act of June 27, 1890, REQUIRES, in case of a soldier

1. An honorable discharge (but the certificate need not be filed unless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

ACT OF JUNE 27, 1890.

**SOLDIER'S APPLICATION.**

NAME.

Elias Horne  
SERVICE.

les. B. 5-5-Reg.

Pa. vol.

ADDRESS.

24 Horn St.,  
Reading, Berks Co. Pa.

Cart. no. 767354  
10+1  
106/80

FILED BY

**ZACH. CHOCH,**

KUTZTOWN,

State of Execution.



Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 707,354

Chas. Howe

P. O. Gen. Del. Reading

County, Berks

State, Pa.

Application filed Aug. 24, 1904

Service, B 55. Pa. Eng.

Dec. 15-04. Ex. cord.

Ex. Reading, Pa. Card to atty. Gen.

Attorney, Zach. C. Hed

P. O., Kutztown

County, Berks, State, Pa.

(181 room.)

max.

M



## SURGEON'S CERTIFICATE.

Insert character and number of claim. Mr. Elias Howe Pension Claim No. 707,354

Name of claimant. Reading Pa. Infr. Address of Board. Reading Pa. P. O. Dec. 21 1904

Company Reading Pa. Infr. State. Pa.

Claimant's post-office address. Reading Pa. [Date of examination.]

Names of disabilities. Rheumatism and Resulting dis. Heart & Lungs  
ed back shortness of breath asthma near sighted  
debility general debility - 18.5 feetiles  
 He receives a pension of \$ 8.00 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: For more than 20 yrs. has been disabled by reason of his ailments and unable to do any kind work.

Birthplace Pa.; age, 58 years; height, 5-2 1/4; weight, 118 pounds; complexion, Florida; color of eyes, Brown; color of hair, Gray; occupation, Laborer; permanent marks and scars other than those described below, None

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 92-98-100; respiration, 21-24-25; temperature, 98 3/5;  
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities in accordance with Book of instructions, and make a separate paragraph for each disability.

Well nourished. Palms of hands hard.  
Rheumatism? We find pain crepitation  
and stiffness upper motion of each shoulder  
and elbow or ankle joint. No inequality. Pow-  
er and motion of each joint 1/3 of normal.  
Lumbar? The lumbar muscles are also  
considerably stiffened, tender and contract-  
ed, no inequality. Power and motion of the  
back 1/2 of normal. All other joints muscles  
and tendons normal. We recommend 7/18  
resting for Rheumatism.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

lungs. Auscultation reveals a loud and  
distinct respiratory murmur. No rales. No  
dullness on percussion. Inspiration 35 in.  
Expiration 33 3/4 in.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Eyes? Defect of vision is due to an error of re-  
fraction. With glasses vision is 20/200. Both  
eyes. With glasses vision of each eye is 20/50.

Testicles? We find no atrophy nor enlarge-  
ment. No sensitiveness. No hydrocele nor  
varicocele.

Debility? General debility - due to Rheuma-  
tism is very apparent.

Heart? Auscultation reveals high sounds  
to be natural. No murmurs. Apex is in  
the 5th interspace. Percussion reveals no in-  
creased dullness.

When rates are recommended solely on subjective evidence, the strongest reasons must be given therefor.

Kidneys? Urine and sugar ex. gr. 1000.  
No albumen heat test. No sugar feelings  
test.

No other disability. No vicious habits.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

W. H. H. H. H. Pres. W. H. H. H. H. Sec'y. J. F. H. H. H. Treas.



An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

~~17~~ (This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. Healey, Dr. Feick, and Dr. Feick, were personally present and actually participated in the examination of Elias Howe, the claimant in this case, on 21<sup>st</sup> day of December, 1904

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, Elias Howe, the applicant for (increase or ~~original~~) pension referred to in this medical certificate, hereby consent to be examined by Dr. Healey and Dr. Feick, the examining surgeons here present (waiving examination by full board), on this 21<sup>st</sup> day of December, 1904

Witnesses to mark.

Edward C. Ebor  
Albert C. Ebor

(Signature of Applicant.)

Elias Howe  
mark



SURGEON'S CERTIFICATE

IN CASE OF

Elias Howe

No. 33 Pa. Inf.  
Regt.

APPLICANT FOR

Inc.

No. 707.354

DATE OF EXAMINATION:

Dec. 21<sup>st</sup>, 1904

BOARD.

W. D. Healey, Pres.,

absent, Sec'y,

J. F. Feick, Treas.,

Post office,

Reading

County,

Lehigh

State,

Penn.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon.

Done

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, Elias Howe  
 P. O. General Delivery Reading  
 County Berks  
 State Pennsylvania  
 Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Rank Private  
 Company B.  
 Regiment 65 "Pa. Vol. Inf."

Pensioned for \_\_\_\_\_ inability to earn a support by manual labor

## RECOGNIZED ATTORNEY.

Name Jack C. Hoch REJECTED  
 P. O. Kutztown Pa. April 5-05  
 Fee, \$ 2.  
 Agent to pay.

## APPROVALS

Submitted for Ad. March 20, 1905 Harper L Examiner.Approved for rheumatism (rheumatism

included) and resulting dis-  
ease of heart (old) and  
impaird vision. Shortness of  
breath. Asthma (new) since  
August 27, 1904; and general  
debility, formerly alleged.

Aggregate of disabilities shows, permanent in character: \$ 8No Increase

Rept. and opinion

back, subject approval of M. R. Not dis-

abled from to affect rate

March 24, 1905190Eastern DivEnlisted February 27, 1864; honorably discharged Aug. 30, 1865

Enlisted \_\_\_\_\_, 186 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 186 \_\_\_\_\_

Pensioned at \$ 8. per month. Last paid to \_\_\_\_\_

## PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Aug. 24, 1904 alleges rheumatism sprainedback, short of breath asthma nearsighted inboth eyes.

Claimant does not write.  
 Certificate not filed.

M. C.

# Declaration for Increase of Pension

Under the Act of February 6, 1907

This blank is not to be used unless applicant is now pensioned under this Act

State of Penna, County of Berks, ss:

ON THIS 20<sup>th</sup> day of April, A. D., one thousand nine hundred and eight

personally appeared before me, a alderman within and for the County and State

aforesaid Elias Howe, a resident of Reading

County of Berks State of Penna

who, being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the

Philadelphia Pa Pension Agency at the rate of Eight dollars per month,

Certificate No. 707354

That he is 62 years of age, having been born on the 20<sup>th</sup> day of

April 1846, and believes himself to be entitled to an increase of pension on account

of age at the rate of \$ 12<sup>50</sup> per month [62 years of age, \$12; 70 years, \$15; 75 years or over, \$20].

He therefore requests that he be granted an increase as provided for by the Act of February 6, 1907.

He hereby appoints, with full power of substitution and revocation,

Himself of Reading

his true and lawful attorney to prosecute his claim.

That his post-office address is General Delivery County of

Berks State of Penna

Irwin H. Sanat Elias X Howe  
(Signature of Claimant—full name.)  
mark

Dallas Leimbach  
(Two witnesses who write sign here.)



Also personally appeared Jurin H. Sanat residing at  
826 Washington St Reading Pa, and Dallas Leimbach  
residing at 1208 Chestnut St Reading Pa, persons whom I certify to be respectable and entitled to credit, and  
who being by me duly sworn, say that they were present and saw Elias Howe  
(Name of Claimant.)  
claimant, ~~sign his name~~ (or make his mark) to the foregoing declaration; that they have every reason to  
believe from the appearance of said claimant and their acquaintance with him of 3 years and  
3 years, respectively, that he is the identical person he represents himself to be; and that  
they have no interest in the prosecution of this claim.

Jurin H. Sanat  
Dallas Leimbach  
(If affiants sign by mark, two persons who write sign here.)

(Signatures of Affiants)

Sworn to and subscribed before me this 20<sup>th</sup> day of April, A. D. 1908, and  
I do hereby certify that the contents of the above declaration, etc., were fully made known and explained  
to the applicant and witnesses before swearing, including the words

erased, and the words

added; and that I have no interest, direct or indirect in the prosecution of this claim.

[L. S.]

Validity accepted  
S. A. Cuddy,  
Chief, Law Division,  
per JTH 4 21 08

Eugene J. Sanat  
(Official Signature)  
Alderman  
(Official Character)

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or  
Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his sig-  
nature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk, unless such  
certificate is already on file in Pension Office, when such fact should be stated.

Soldier's Application

FOR INCREASE

Under the Act of February 6, 1907

Elias Howe Applicant  
Private  
Co. B 5<sup>th</sup> Reg't

Reg't  
5-0  
707354  
Pension Certificate No.

RECEIVED  
APR 28 1908  
EAST DIV.

FILED BY

Elias Howe  
Applicant  
Private  
Co. B 5<sup>th</sup> Reg't  
Reading Pa  
LAW DIVISION  
APR 28 1908

RECEIVED  
APR 28 1908  
EAST DIV.

Act of Feb. 6, 1907.

7/165

Cert. 707354

Name, Elias Howe  
Gen. Del. Reading  
Burks Co. Pa

Application filed Apr 21, 1908Service, B 55- Pa Inf



707354  
 Phila  
 Reissue, ACT OF FEBRUARY 6, 1907.

Claimant,

P. O.,

County,

State,

Rate, \$

Elias Howe

General Delivery, Reading

Berks

Pennsylvania

12 per month, commencing April 21, 1908.

Rank,

Company,

Regiment,

Private

B

55 Pa. Vol. Inf.

## STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

## APPROVAL.

Submitted for ad May 1, 1908, SRPile, Examiner.

Approved for Admission

Age over 62.

Rate 12 per month.

Reissue to allow under Act July 6, 1907. Deduct sub-payments  
 and drop name from the rolls under Act June 27, 1890.

May 4, 1908, W. A. Schuckers May 4, 1908, St. A. Paul  
 Legal Reviewer. Re-Reviewer.

Enlisted Feb 27, 1864, honorably discharged Aug 30, 1865.

Enlisted 18 ; honorably discharged 18

Enlisted 18 ; honorably discharged 18

Pensioned at \$ 8, per month, under Act of June 27, 1890.

## PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed April 21, 1908.

Date of birth alleged April 20, 1846.

Age shown by evidence 62 years.

Claimant does not write.

J. H. Rothermel  
 M. C. R.

ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Penn, County of Berks, ss:  
On this 25<sup>th</sup> day of May, A. D. one thousand nine hundred and Twelve, personally  
appeared before me, a Notary Public within and for the county and State aforesaid,  
Elias Howe who, being duly sworn according to law, declares that he is 46  
years of age, and a resident of Wesley Cross, county of Lebanon,  
State of Penn; and that he is the identical person who was ENROLLED at Reading  
Berks Co Pa, under the name of Elias Howe  
on the 27<sup>th</sup> day of February, 1864, as a Private, in Co. B. 55 Regt  
Penn. vol. Inf.

(Here state rank, and company and regiment in the army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED  
(State name of war, Civil or Mexican.)

at Petersburg Virginia, on the 15<sup>th</sup> day of August, 1865

That he also served (Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal  
description at enlistment was as follows: Height, \_\_\_\_\_ feet \_\_\_\_\_ inches; complexion, \_\_\_\_\_; color of  
eyes, \_\_\_\_\_; color of hair, \_\_\_\_\_; that his occupation was \_\_\_\_\_; that he  
was born April 20<sup>th</sup>, 1846, at Penn Township  
Berks Co Pa

That his several places of residence since leaving the service have been as follows: \_\_\_\_\_

(State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 707384 That he has \_\_\_\_\_ applied for pension under original  
No. \_\_\_\_\_

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions  
of the act of May 11, 1912.

That his post-office address is 837 Washington St Reading, county of Berks  
State of Penn

Attest: (1) Wallace Sandt Elias X Howe  
(2) Eugene J Sandt (His signature in full.)

SUBSCRIBED and sworn to before me this 25<sup>th</sup> day of May, A. D. 1912 and I hereby  
certify that the contents of the above declaration were fully made known and explained to the  
applicant before swearing, including the words \_\_\_\_\_  
[L. S.] \_\_\_\_\_  
and that I have no interest, direct or indirect, in the prosecution of this claim.

MY COMMISSION EX-  
PIRES MARCH 10-1913.

Journ H Sandt  
(Signature.)

Notary Public,

826 WASHINGTON St Reading, Pa.

IF A PENSIONER DO NOT FAIL TO GIVE CERTIFICATE NUMBER

accepted  
as to execution

S. A. Cuddy,  
Chief, Law Division.

# CLAIM FOR PENSION.

ACT OF MAY 11, 1912.

Certificate No. 707354

Name, Oliver Howe

Service, Colonel 55 Regt

Colonel 55 Regt

## INSTRUCTIONS.

This form may be used for original pension or increase of pension.  
Declaration and testimony in support of same to be executed before some officer of a court of record having custody of records, or before a justice of the peace or other officer authorized to administer oaths for the Federal purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State or Federal officer. The certificate must be filed with the application. If the certificate is not so filed, the application for such certificate has been filed in the Bureau of Pensions for general reference.

Bureau of Pensions,  
Department of the Interior,  
Washington, D. C.

ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; one and a half years, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, on each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

ACT OF MAY 11, 1912.

Cert. No.

107354

Claimant,

P. O., 837 Washington Street

Reading, Berks

State, Pennsylvania

Rate, \$ 16.50 per month, commencing May 27, 1912

Rank,

Private

Service,

B. 55 8a 2nd M. 28.

## ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

Fee, \$ ; Agent to pay.

P. O.,

Articles filed , 19

## APPROVAL.

Submitted for Exam Dec 3, 1912, Examiner.

Approved for Admission Rate \$ 16.50 per month; age 66 years.

Resine from act February 6, 1904

Length of pensionable service: 1 years, 6 months, 4 days.

Deductions in service from any cause: none years, months, days,

on account of

Dec. 14, 1912, W. Schuchman Rec 20, 2 J. Compton

Legal Reviewer.

Re-Reviewer.

Enlisted Feb 27, 1864; honorably discharged Aug 30, 1865

Enlisted , 18 ; honorably discharged , 18

Enlisted , 18 ; honorably discharged , 18

Length of pensionable service: 1 years, 6 months, 4 days.

Pensioned at \$ 12 per month, under Act of Feb. 6, 1907.

## PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 27, 1912

Age shown by evidence 66 years; date of birth alleged Feb 20, 1846

Claimant does not write.



Act. Ch. (3-230), 1900.  
VALID: (Series = )  
Cert. No. **707354**

Name, Elias Howe  
Rank, Private; Service, Co. B-55<sup>th</sup> Par.  
M. Inf.

Original Roll: Philadelphia  
Agency { Transf'd \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_  
" \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

Issued Jan. 26, 1892  
Mailed Jan. 27, 1892  
Rate and Period, \$ 6, from Aug. 4, 1890

Deductions: V  
Disability: Lumbrago

Issued July 17, 1903  
Mailed " 21, 1903  
Rate and Period, \$ 8, from Oct. 27, 1902

Act of June 27, 1890.

Deductions: \_\_\_\_\_  
Disability: Partial inability to serve  
support by manual labor

Issued, May 5, 1908  
Mailed MAY 6, 1808  
Rate and Period, \$ 12, from April 21, 1808

Deductions: 0  
Disability: A

Issued Dec 24, 1912  
Mailed DEC 26, 1912  
Rate and Period, \$ 16<sup>50</sup>, from May 27, 1912

ACT OF MAY 11, 1912.  
Deductions: 0  
Disability: V

INDORSEMENTS.

June 29 01  
lost and atty  
D. C. Boyer adv. me  
of n & inc  
Nov 7, 1903 attly, Hoek  
in reg. of n & inc  
April 15-05, chert.  
attly n & inc. Ref. Inc.



DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

Sir: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

ELIAS HOWE  
READING PA  
707354 ACT MAY  
837 WASH ST



FOLD HERE.

No. 1. Date and place of birth? Answer. Born April 20<sup>th</sup> 1846 at Beron Township Berks Co Pa  
The name of organizations in which you served? Answer. Co. A. 55 Regt. Pa. vol. Inf.

No. 2. What was your post office at enlistment? Answer. Beron Township Berks Co. Pa.

No. 3. State your wife's full name and her maiden name. Answer. Caroline Howe maiden Caroline Seamsore

No. 4. When, where, and by whom were you married? Answer. Feb. 18<sup>th</sup> 1898 at Pottsville Schuyl. Co. Pa  
By Rev. J. H. Umbenhew pastor Lutheran Church Pottsville Schuyl. Co. Pa

No. 5. Is there any official or church record of your marriage? Official record in Orphan's Court House Pottsville Schuyl. Co. Pa  
If so, where? Answer. Pottsville Schuyl. Co. Pa

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. I

FOLD HERE.

Had a previous marriage to Louisa Meyer married Feb. 13<sup>th</sup> 1867 she died June 27<sup>th</sup> 1895 in Spring Township Berks Co. Pa

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. My wife had a previous marriage

to Martin Judge June 15<sup>th</sup> 1883. Divorce granted by the Schuylkill County Court August 31<sup>st</sup> 1909 at Pottsville. He did not render any military or naval service.

No. 8. Are you now living with your wife, or has there been a separation? Answer. I am living with my wife to this present date.

FOLD HERE.

No. 9. State the names and dates of birth of all your children, living or dead. Answer.

Abraham Howe	Born Sept 5 <sup>th</sup> 1869	Living
William Howe	" June 16 <sup>th</sup> 1885	"
Lucretia Howe	" Aug 22 <sup>nd</sup> 1897	"
Joseph Howe	" Apr 21 <sup>st</sup> 1902	"

Date May 11<sup>th</sup> 1915

witness to mark  
J. W. H. Sandt

(Signature) Elias X. Howe  
mark

Civil War Division,  
Inv. Off. 707414.  
George M. Luther,  
Co. D, 29 Ill. Inf.

Sec. E

WRH\*ABP

*M. R. A.* *B. J. R.*

November 13, 1915.

Mr. George M. Luther,  
Box 64, White Oak,  
Missouri.

Sir:

Your claim for increase of pension under  
the act of May 11, 1912, is being considered with a  
view to final action and you will be duly informed  
of the result.

Very respectfully,

G. M. SALTZGABER  
Commissioner.

*L. Bangs*

*Sec. 5*

3-1647.

Act of May 11, 1912.

Cert. *707, 354*

Name, *E. Howe*

Application filed *April 21, 1916*

Service,

*May 11/16 A.G. for a  
full mil. and mil. hist.  
and all other ages  
to record - JB*

*May 18, 1916 blamit info.  
claim under final  
consideration - JB*

ACT OF MAY 11, 1912.

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Penna  
County of Berks } ss.

On this 30<sup>th</sup> day of April, A. D. one thousand nine hundred and sixteen, personally appeared before me, Notary Public within and for the county and State aforesaid, Elias Howe who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Reading county of Berks, State of Pennal; and that he is the identical person who was ENROLLED at Reading under the name of Elias Howe, on the 27<sup>th</sup> day of February, 1864, as a Private, in Co B 55 Regt Pa Inf  
(Here state rank, and company and regiment in the Army; or vessels, if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Petersburg Va, on the August day of 1865.  
That he has served can not give date of discharge is faint  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, ----- feet ----- inches; complexion, -----; color of eyes, -----; color of hair, -----; that his occupation was -----; that he was born April 20<sup>th</sup>, 1846.

That his several places of residence since leaving the service have been as follows: -----

(State date of each change as nearly as possible.)

That he is a pensioner under certificate No. 707354

That he has ----- applied for pension under original No. 707354

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

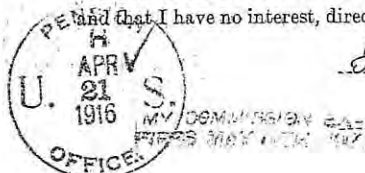
That his post-office address is 837 Washington St Reading, county of Berks, State of Pennal

Attest: (1) Emma Sigman  
(2) Wallace Sandt

Elias X Howe  
(Claimant's signature in declaration accepted as a claim under the act of May 11, 1912.)

SUBSCRIBED and sworn to before me this 30<sup>th</sup> day of April, A. D., 1916, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the words -----, erased,

[L. S.] and the words -----, added; and that I have no interest, direct or indirect, in the prosecution of this claim.



Jowin H Sandt  
(Signature.)  
Notary Public,  
826 WASHINGTON St Reading Pa.  
(Official character.)

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

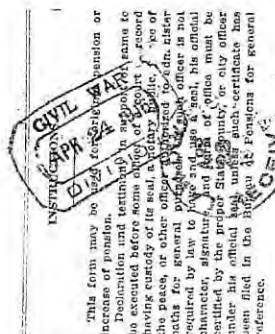
## CLAIM FOR PENSION.

Certificate No. 707354

name, Elias Howe

Private Co B

33- Regt Pa Inf



Published by The National Publishing, Washington, D. C.

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:*

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, eighteen dollars and fifty cents per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, eighteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the civil war and received an honorable discharge, and who was disabled while in the service, or who is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty, resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

10 All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau  
11 of Pensions after the passage and approval of this act: Provided, That pensioners who are sixty-two years  
12 of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the  
13 Bureau of Pensions, may, by application to the Commissioner of Pensions, in such manner as he may prescribe,  
14 receive the benefits of this act; and nothing herein contained shall prevent any pensioner so authorized  
15 to a pension from prosecuting his claim and receiving a pension under any other general or special law.  
16 Provided, That no person shall receive a pension under any other law at the same time or for the same period  
17 that he is receiving a pension under the provisions of this act: Provided further, That no person who is  
18 now receiving or shall hereafter receive a greater pension under any other general or special law than he  
19 would be entitled to receive under the provisions herein shall be pensionable under this act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this act, except in applications for original pension by persons who have not heretofore received a pension.

Sec. 4. That the benefits of this act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the acts of June twenty-seventh, eighteen hundred and ninety; February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the acts of January twenty-ninth, eighteen hundred and eighty-seven; March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

Sec. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

APPROVED: May 11, 1912.



No statement  
shows year  
of birth later  
than "1846" as  
alleged.

LB

May 11/16

3-094.  
G. I. R. B. C. W. L.  
DEPARTMENT OF THE INTERIOR.  
BUREAU OF PENSIONS.

Washington, D. C., May 12/16.

Respectfully returned to  
THE ADJUTANT GENERAL WAR DEPT.  
for a full military history  
showing exact period of absence  
without authority or in arrest  
for any cause and all other ages  
of record.

4 Enclosures.  
Inv. Ctf. 707,354.  
Elias Howe,  
Co. B, 55 Pa. Inf.

*J. M. [Signature]*  
Commissioner.

Received A. G. O., MAY 15 1916.

WAR DEPARTMENT,  
THE ADJUTANT GENERAL'S OFFICE,  
WASHINGTON. MAY 16 1916

Respectfully returned to the  
Commissioner of Pensions,

with the information that in the case of

*Elias Howe*  
Co. B, 55 Reg't Pa. Inf.

in addition to the statement or statements herewith  
returned, the military records show the following:

Ago 18 ft., height feet, inches,

complexion

eyes hair

place of birth

occupation

*He was rec'd at Ranc, Pa.*

*Pa. July 29. 64. 2 recruit*

*for the 55 Pa. Inf. then to*

*Regt. (Capt. of the South) then*

*to 55 Pa. Inf.*

*Nov 30. 64. 1st Bn. 55 Pa. Inf.*

*Record 1st Bn. 55 Pa. Inf. 1864.*

*Quar. Sept 1.*

*July 31. 65. 1st Bn. 55 Pa. Inf.*

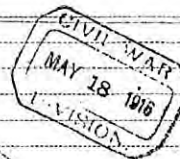
*admr. capt. of Pa.*

*The military records do not*

*show any absence without authority*

*or as is here.*

The medical records show him treated as follows:



H. P. McCain  
The Adjutant General.

No.

707,354

*Reissue* INVALID PENSION.

to

Class, { Army,  
Navy,

Claimant,

*Elias Howe*  
P. O., 837 Washington Street, Reading  
Berks County  
Pennsylvania

Rank, *Private*

Service, *Co. B,*  
*55<sup>th</sup> Pennsylvania Inf*

Rate, \$ \_\_\_\_\_ per month, commencing

Pensioned for

Attorney,

Fee, \$ \_\_\_\_\_; agent to pay.

P. O.,

Articles filed \_\_\_\_\_, 1.

Submitted *May 18<sup>th</sup>*, 191*6*, for

*J. Bange*, Examiner.

Approved for

Approved for

\_\_\_\_\_, 191\_\_\_\_,

Reviewer.

Medical Examiner.

Medical Reviewer.

\_\_\_\_\_, 191\_\_\_\_,

Rereviewer.

\_\_\_\_\_, 191\_\_\_\_,

Medical Referee.

Pensioned at \$ \_\_\_\_\_ per month for

Enlisted \_\_\_\_\_, 1\_\_\_\_,

Other service from \_\_\_\_\_, 1\_\_\_\_ to \_\_\_\_\_, 1\_\_\_\_

Discharged \_\_\_\_\_, 1\_\_\_\_,

in \_\_\_\_\_

not in service since \_\_\_\_\_, 1\_\_\_\_

## PRESENT CLAIM.

Declaration filed \_\_\_\_\_, 1\_\_\_\_,

Claimant does \_\_\_\_\_ write. 6-1681

\_\_\_\_\_, M. C.

*Civil War*

*LB*  
*May 18/16*

Civil War Div.  
Inv. Ctf. 707,354.  
Elias Howe,  
Co. B, 55 Pa. Inf.

Sec. G-LB/GWL

May 23, 1916.

Mr Elias Howe,  
#837 Washington Street,  
Reading, Penn.

Sir:

Your claim for increase of pension under the  
Act of May 11, 1912, is now being considered with a  
view to final action, and you will be duly advised  
of the result.

Very respectfully,

G. M. SALTEGABER.

Commissioner.

add  
proof

3-384

*Increase*  
ACT OF MAY 11, 1912.  
ACT OF MARCH 4, 1913.

Cert. No. 707,354

✓ Claimant, Elias Howe  
✓ P. O. 37 Washington Street, Reading, Rank, Private  
County, Berks Service, Co. B  
State, Pennsylvania 55' Pennsylvania Inf.  
Rate, \$ 21.50 per month, commencing April 20, 1916  
#27. — from April 20, 1916

Allowed for increase  
\$38 from June 10, 1918  
from 19  
Act of June 10, 1918  
CURRY  
Alvina  
JUN 21 1918 pay.  
Rev.

ATTORNEY OR STATE REPRESENTATIVE.  
(Order April 23, 1907.)

Name, None Fee, \$  
P. O., Articles filed \_\_\_\_\_, 19

APPROVAL.

Submitted for ad. May 18, 1916 L. Pung Examiner.  
Approved for increase Rate \$ 21.50 per month; age 70 years.

✓ Date of birth April 20, 1846

Length of pensionable service: \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days.

Deductions in service from any cause: \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days,

on account of \_\_\_\_\_

June 6, 1916, G. S. Meyer, Jr. June 27, 1916, W. H. Rodman  
Legal Reviewer. Re-Reviewer.

✓ Enlisted Feb. 27, 1864; honorably discharged Aug. 30, 1865

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18

Length of pensionable service: \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days.

Pensioned at \$ 16.50 per month, under Act of May 11, 1912.

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed April 21, 1916

✓ Age shown by evidence 70 years; date of birth alleged April 20, 1846

Claimant does not write.

No, M. C.



*Koe*

3-1647

*✓*

**Act. of May 1, 1920**

Cert. 707,354

Name, Elias Howe,

Application filed Dec. 14, 1925

Service, B, 55 Pa. Inf.

*ES*

DECLARATION FOR PENSION  
ACT OF MAY 1, 1920

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION  
READ CAREFULLY THE INSTRUCTIONS ON THE REVERSE HEREOF

STATE OF PENNA. COUNTY OF BERKS, ss:

On this 10th day of December, 1925, before me, the undersigned, personally appeared ELIAS HOWE, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920.

That he is 79 years of age; that he was born April 20, 1846  
at Bern Twp., Berks Co., Pa.

That he is the identical Elias Howe who  
ENLISTED Feb. 27, 1864, at Reading, Pa., under the name of  
Elias Howe, in Co. B 55 Penna. Vet Vols.  
(Here state company and regiment, if in the Army; or vessel, if in the Navy.)

DISCHARGED August 30, 1865, at Petersburg, Va., having served  
the United States in the Civil War.

That he also served \_\_\_\_\_  
(Here give a complete statement of all other military or naval service, if any, at whatever time rendered.)

That otherwise than herein stated he was not employed in the United States military or naval service.

That his personal description at time of first enlistment was as follows: Height 5 feet 3 inches; complexion Dark  
color of eyes Auburn; color of hair Black; that his occupation was Laborer  
That since leaving the service he has resided at Bern Township, Berks Co., Pa.

and his occupation has been Laborer

That he requires the regular personal aid and attendance of another person and has required such aid and attendance since Jan. 30, 1923 on account of the following disabilities.

Arterio Sclerosis, General Debility and feebleness.

(State in this space the nature of any and all disabilities.)

That he not serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period.

That no member of his family served in the Army, Navy, Marine Corps, or Const Guard of the United States between April 6, (a or no.) 1917, and July 2, 1921, or at any time during said period. (If any members of claimant's family were in the military or naval service

That he has \_\_\_\_\_ applied for pension under Original No. 707,354; that he is \_\_\_\_\_ a pensioner under Certificate No. 707,354

~~PERSONNEL~~

this trended back down to normal by the time we reached

(1) Worth Howe.  
(Signature of first witness.)  
208 Chestnut St., W. Reading, Pa.  
(Address of first witness.)

(2) Marie E. Jones  
(Signature of second witness.)  
542 Court St., Reading, Pa.  
(Address of second witness.)

Elias J. Howe  
(Claimant's signature in full.)  
208 Chestnut St.,  
(Claimant's address in full.)  
W. Reading, Pa.

(Address of second witness.)  
SUBSCRIBED and sworn to before me this 10 day of December, A. D. 1925, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_, added; \_\_\_\_\_, and the words \_\_\_\_\_, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L.S.]  
My commission will expire  
Mar. 13, 1929

Clara E. Young  
(Signature)  
Notary Public  
(Official character)  
542 Court St., Reading, Pa.  
(Post office address of officer)

Declaration accepted  
as a claim under Sec.  
2, act of May 1, 1920.  
For Chief, Law Div.



Act Approved May 1, 1920.

## DECLARATION FOR PENSION

Number 707,354

Claimant ELIAS HOWE

Service Co. B. 55 Penna. Inf.

PHOTO OF ELIAS S. ADAMS, WASHINGTON, D. C.

Act Approved May 1, 1920.

Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom, or who having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coasts or frontier thereof, or en route thereto, during the war with that nation and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of \$72 per month.

### INSTRUCTIONS.

If the applicant claims that, by reason of age and physical or mental disabilities, he is helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, he should file with his application:

The sworn statement of the attending or family physician, describing the disabilities which require the regular personal aid and attendance of another person, and giving the date from which such aid and attendance has been required; or, if the claimant is unable to procure such statement—

The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance required, and from what date; whether the claimant is confined to the house or to his bed and, if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.

### READ CAREFULLY.

This form is only to be used by or in behalf of one who desires to claim original pension under the act of May 1, 1920, or because he requires the regular personal aid and attendance of another person.

The declaration and testimony must be executed before some officer authorized to administer oaths for general purposes.

Under the law, a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans' Bureau, covering the same period of time, except that the receipt of compensation by a widow or parent on account of the death of any person will not bar the payment of pension on account of the death of any other person. That part of the declaration referring to service between April 6, 1917, and July 2, 1921, should show whether the claimant or any member of his family rendered any service in the Army, Navy, Marine Corps, or Coast Guard of the United States during said period, and if so, the full name under which each such member served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered, with dates of enlistment and discharge.

The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepfather, stepmother, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.

Compliance with these instructions will expedite the adjudication of the claim.

*Elias Howe*  
Signature of claimant

No. 5. Have you any children under 16 years of age living? If so, state their names and the dates of their birth. Answer:

No. 4. Were you previously married? If so, state the name of your former wife or wives, the date of your marriage to each, and the date and place of death or divorce of each former wife. Answer:

No. 3. What record of your marriage to her exists? Answer:

No. 2. When, where, and by whom were you married to your present wife? Answer:

Wife is dead

No. 1. Are you a married man? If so, state your wife's full name and her maiden name. Answer:

Claimant should answer fully the following:

GENERAL AFFIDAVIT.

STATE OF PENNSYLVANIA, COUNTY OF BERKS. SS:.

In the matter of ELIAS HOWE, Co.B 55 Penna. Inf. Ctf. No.707,354  
No/208 Chestnut St., West Reading, Pa.

On this 10th day of December, 1925, personally appeared before me,  
a Notary Public in and for said County and State, Dorothy Howe,  
aged 20 years, a resident of West Reading, Berks County, Pennsylvania,  
No.208 Chestnut St. well known to be reputable and entitled to credit,  
who being duly sworn, deposes and says - That she is a daughter-in-law  
of soldier and he lives with them. That January 30, 1923  
soldier was taken with a severe illness when he was bedfast and since  
that time he has become very weak and feeble and spends part of his  
time in bed and the remaining time is around the house. That by  
reason of said debility, your affiant is obliged to render to soldier  
continual daily and regular aid and assistance, helps him dress and  
undress and all the daily wants and needs of existence, when he is in  
bed nurses him and brings his food to him and when severely ill is  
obliged to feed him. That soldier is not getting any better.

Dorothy Howe.

Sworn to and subscribed before me this 10th day of  
December, 1925.

My commission will expire Mar.13,1929

Clara E. Young  
Notary Public



PHYSICIAN'S AFFIDAVIT

STATE OF PENNSYLVANIA, COUNTY OF BERKS. SS:.

In the matter of ELIAS HOWE, Co. B 55 Penna. Inf. Ctf. No. 707, 354  
residing No. 208 Chestnut St., W. Reading, Pa.

On this 10th day of December, 1925, personally appeared before me,  
a Notary Public in and for said County and State, Irvin H. Hartman N.D.  
residing at No. 237 North Fifth St. Reading, Pa., well known to be  
reputable and entitled to credit, who being duly sworn, deposes and  
says: That he is a practising physician of the City of Reading and  
has known Elias Howe 20 years. That on January 30, 1925, soldier  
was taken with a severe illness and was confined to bed for some time.  
Since that time I find he had a bad case of Arterios Sclerosis or  
Hardening of the Arteries, which renders him so weak that he is  
obliged to spend about half of his time in bed. He is in such a  
feeble condition from that time to the present time that he requires  
the regular daily aid and assistance of those around him. When he is  
confined to his bed, he requires the services of a nurse, which services  
are rendered to him by those with whom he lives, and at other times  
they assist him in dressing and undressing and all the needs and wants  
of daily life. Soldier is in such a feeble condition at all times that  
it is an effort for him to be about.

*Irvin H. Hartman N.D.*

Sworn to and subscribed before me this 10th day of December,  
1925.

My commission will expire Mar. 13, 1929

*Clara E. Young*

Notary Public.





INVALID.		Cert. No. <u>707.354</u>		Issued _____	
Name, <u>Elias Howe</u>		Rank, <u>Priv</u> ; Service, <u>Co B, 55<sup>th</sup> Pa.</u>		Rate, \$ _____, from _____	
<u>Inf</u>				Class _____	
Agency or Group No. _____		Original Roll: <u>Group 2</u>		Issue _____	
Transf'd _____, 1, to _____		" _____, 1, to _____		Deductions: _____	
Issued <u>June 10<sup>th</sup> 1916</u>				Disability: _____	
Rate, \$ <u>21.50</u> , from <u>Apr 20<sup>th</sup> 1916</u>				Issued _____	
<u>21.50</u> " <u>Apr 20<sup>th</sup> 1931</u>				Rate, \$ _____, from _____	
Class <u>Increased</u>				Class _____	
Issue _____				Issue _____	
Deductions: _____				Deductions: _____	
<u>ACT OF MAY 11, 1912</u>				Disability: _____	
Issued <u>Jan 5, 1926</u>				INDORSEMENTS.	
Rate, \$ <u>72</u> , from <u>Dec 10, 1925</u>					
Class <u>Inv</u>					
Issue _____					
Deductions: <u>ACT OF MAY 1, 1920</u>					
Disability: _____					

# ACT OF MAY 1, 1920 INCREASE

Claimant

Elias Howe

P. O.

208 Chestnut street

Rank

Private

County

West Reading

Service

Co. B,

State

Pennsylvania

55

Pa. Inf.

Rate, \$

72

per month, commencing

December 10, 1925

STATE REPRESENTATIVE.

None

## APPROVAL

Submitted for

Action

Dec. 21, 1925

M. Kane, Examiner.

Approved for

Approved for

#72 from Dec. 10, 1925.

Not warranted from prior date.

INCREASE, SECTION 2

ACT OF MAY 1, 1920.

No Medical Examination

Dec 22, 1925

R. E. Swartz

Div. Reviewer.

1925

1925

Rereviewer.

Medical Examiner.

Dec 22, 1925

Medical Referee.

ACTING Medical Referee.

Enlisted ..... 18.....; honorably discharged ..... 18.....

Enlisted ..... 18.....; honorably discharged ..... 18.....

Enlisted ..... 18.....; honorably discharged ..... 18.....

Length of pensionable service ..... years, ..... months, ..... days.

Pensioned at \$ 50 per month, under ACT OF MAY 1, 1920, as Civil War veteran.

## PRESENT CLAIM, ACT OF MAY 1, 1920

Declaration filed

December 14, 1925

Claimant does not write.

No, M. C.

3-1661

**UNITED STATES  
DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS,  
OFFICE OF THE DISBURSING CLERK,  
WASHINGTON, D. C.  
RETURN IF NOT DELIVERED IN TEN DAYS.**

**OFFICIAL BUSINESS**

**TO THE POSTMASTER:**

The Act of August 17, 1912, prohibits the delivery of this letter to any person if the addressee has died or removed, or being a widow, is believed to have remarried; and postal regulations prohibit its delivery if the pensioner has reenlisted in the military or naval service of the United States, and require its return forthwith in any such case with a statement of the reasons for so doing, and if on account of death, remarriage or reenlistment, the date thereof if known.

**PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300.**

*Wied*  
*4/30/47*  
*MSK*

READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT

# APPLICATION FOR REIMBURSEMENT

This form not to be used if the deceased pensioner left a widow or minor children under sixteen years of age

STATE OF PENNSYLVANIA

COUNTY OF BERKS

38:

On this 5th day of May, A.D. 1927, before me, the undersigned, personally appeared Joseph W. Howe, aged 25 years, a resident of West Reading, County of Berks, State of Penna., who makes the following declaration as an application for, and claim is hereby made for, reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of Elias Howe, who was a ~~resident of the~~ United States by certificate No. 707354, and who DIED April 30, 1927, at Reading Hospital, and was buried at Aulenbach's Cemetery, Reading, Pa.

That said deceased pensioner did not leave sufficient assets to defray the expenses of his last sickness and burial.  
(His or her)

That the deceased pensioner did not leave a widow; that said deceased pensioner did not leave a  
(did or did not.) (did or did not.)  
 minor child or children under sixteen years of age.

That there was an insurance (including death benefits) in force on the life of pensioner at time of death  
About \$ 114. <sup>r was not</sup> ✓

That said deceased pensioner did not leave any money, real estate, or personal property. (did or did not.) (If any, state the character  
and value of all such property and the manner in which it was disposed of.)

That the following is a complete statement of all the expenses of the last sickness and burial of said deceased pensioner:

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded and should show, over his signature, by whom paid, or who is held responsible for payment, and contains the name of the pensioner for whom the expense was incurred or service rendered. If no charge was made for any item, that fact should be indicated.)

NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	AMOUNT
Irvin H. Hartman	Physician	Not paid	10.00
Reading Hospital	XXXXXX Medicine	" "	33.00
	Nursing and care		
Francis E. Seidel	Undertaker	Not paid	105.50
	Livery		
	Cemetery		
	Other expenses and their nature:		
		TOTAL	148.50

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items:

All expenses

Joseph W Howe  
(Claimant's signature)

(Claimant's signature in full.)

208 Chestnut St.,

(P. O. address.)

West Reading, Pa.

Subscribed and sworn to before me this 5th day of May, A.D. 1927; and I certify that the contents of the foregoing application were fully made known and explained to the claimant before swearing, and that I have no interest, direct or indirect, in the prosecution of this claim.

My commission will expire  
Mar. 13, 1929

Clara E. Young  
(Signature.)

(Signature.)

Notary Public

(Official character.)

42 Court St., Reading, Pa.

(P. O. address.)

[L. S.]

Validity accepted  
as to execution  
Chief, Record Division,  
per [signature]

STATEMENT OF ATTENDING PHYSICIANS.

Give pensioner's name in full Elias Howe  
 Give date of commencement of pensioner's last sickness March 15th 1927  
 Give date of pensioner's death April 30th 1927  
 From what date did the pensioner require the regular and daily attendance of another person constantly until death? 3/15/27  
 During what period did you attend the pensioner? April 21st to April 30th 1927  
 State nature of disease from which pensioner died Carcinoma of rectum  
 Give name of any other physician who attended the pensioner in last sickness Dr. Davis Hunt, as intern on duty at the Reading Hospital, Reading Pa.  
 Does your bill include a charge for all medicine furnished the pensioner during last sickness? yes  
 Has your bill been paid; if so, by whom? no  
 Mention any other facts within your knowledge which, in your opinion, would be helpful in adjusting this claim for reimbursement:

I certify that the foregoing statement is correct.

June 1st, 1927,

John A. Hartman, M.D.  
 Attending Physician.

19

Attending Physician.

NOTICE

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death. The Act March 2, 1895 (28 Stat. L., 964), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
  - (a) Bills of all expenses of last sickness and burial. If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered. Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed. All claims should be presented in the name of one person. Bills which are forwarded become a part of the records of the Bureau of Pensions and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.
  - (b) The pension certificate which was issued in the name of the pensioner. If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. The claimant's statement relative to insurance, property, and whether the deceased pensioner left a widow or minor children under sixteen years of age should be corroborated by the testimony under oath, of two disinterested credible witnesses who have personal knowledge of the facts.

FINANCE DIV. NOTIFIED OF DEATH JUN 10 1927

APPLICATION FOR REIMBURSEMENT

no other etc.

SWT  
 Certificate No. 707354

ELIAS HOWE  
 Deceased Pensioner

JOSEPH W. HOWE  
 Claimant

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat., L., 713.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any way procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension, or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper for pension or bounty had or payment thereof purports to have been executed who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

Approved July 7, 1898.

THOMAS OF BYTON S. ADAMS, WASHINGTON, D. C.



BELL PHONE

READING, PA.

May 7th 1927

Mr. Joseph Howe

TO DR. IRVIN H. HARTMAN DR.

No. 237 NORTH FIFTH STREET

**PLEASE BRING THIS BILL ALONG WHENEVER MAKING PAYMENTS**

[illegible]

ELIAS HOWE  
READING PA  
707354 ACT MAY  
208 CHESTNUT ST W

3-1061

DROP REPORT—PENSIONER

Cert. No. \_\_\_\_\_

Pensioner \_\_\_\_\_

Soldier \_\_\_\_\_

Service \_\_\_\_\_

Class \_\_\_\_\_

SECTION 1

RECORD DIVISION

\_\_\_\_\_ 192  
In the above-described case a declaration filed  
in this Division indicates that said pensioner died  
\_\_\_\_\_ 19\_\_\_\_

Chief, Record Division.

FINANCE DIVISION

MAY 13 1927, 192

The name of the above-described pensioner who  
was last paid at the rate of \$ 72 per month  
to APR 4 1927, 19\_\_\_\_, has this day  
been dropped from the roll because of Death

April 30, 1927.

G. J. RANDALL  
Chief, Finance Division.

6-2249

NOTES: PAYMENT TRUSTEE SERVICE

**THE READING HOSPITAL**  
READING, PA.

LOCATION \_\_\_\_\_

CODE \_\_\_\_\_

DR.

DATE 5/16 1927

DAYS @ 3.00	OP. ROOM	DEL. ROOM	NURSERY	ANAE	X-RAY	SPEC. THER.	LAB.	NURSE BOARD	DRUGS	SUPPLIES	MISC.	TOTAL
30.							3.00					33 00
adm. 4/20 - dis 4/30/27												
ALL BILLS PAYABLE WEEKLY												

PREVIOUS BILL UNPAID

TOTAL



THE ONLY FUNERAL CHAPEL IN CITY FREE FOR SERVICES.

READING, PA., May 26, 1927. 192

Mr Joseph Howe Executor for  
Elias Howe, Deceased,

TO

*Francis B. Bidel*  
**FUNERAL DIRECTOR**  
117 NORTH FIFTH STREET  
READING, PA.

DR

L-16-146

Duplicate

May 4, 1927.

Casket	78 00	
Embalming & removing remains	22 00	
Hearse	10 00	
Affidavit	1 00	
Notice in newspapers	2 00	
Marker	50	
Opening grave & placing vault(cem.chg.)	50 00	
Device & grave lining(cem.chg.)	2 00	
1 Automobile	7 00	
Singers	2 00	
Chairs	1 00	
Flag	7 00	182.50
County Treasurer		75.00
Singers charged in error		107.50
		2.00
		105.50

FINANCIAL  
JUN 14 1927  
BUREAU OF FINANCE  
PENSION  
JUN 14 1927  
OFFICE

Finance - -  
I C 707,354  
Elias Howe  
B 55 Pa. Inf.

September 29, 1927.

Joseph W. Howe,  
208 Chestnut Street,  
West Reading, Pa.

Sir:

In your claim for reimbursement in the above cited case there should be furnished the joint affidavit of two credible, disinterested persons familiar with the facts and circumstances who can testify from personal knowledge as to whether the pensioner left any property of any description, and if so, its character and value, and also as to whether he was survived by a widow or a minor child under sixteen years of age.

There is also required your own statement showing the actual amount of insurance received on account of the pensioners death, and by whom the premiums on such insurance was paid. If the premiums were not paid by the pensioner, you should also state the amount or approximate amount paid by you from your own funds.

You should have the enclosed form signed by Dr. Irvin H. Hartman, The Superintendent of Reading Hospital and Francis W. Reidel, undertaker and returned to this bureau with the evidence requested above.

Respectfully,

WINFIELD SCOTT,  
Commissioner.

1 enclosure.  
JLD.



No claim paid.

Int. of the 2 prop. with + mine. Child.

Shut up with a note of the 2 of them.  
Read by whom mine was paid.

H. D. & Co. I. D. & Co. H. D. & Co. I. D. & Co.  
Reading, Mass. & I. D. & Co. I. D. & Co. I. D. & Co.

\$1.14.25

\$75.00

O.K. as 1/2 Part of Allow

Disregard balance of 9/14/17

$$\begin{array}{r} 164 \\ 71 \overline{) 1189} \\ \underline{1189} \end{array}$$

$$\begin{array}{r} 10.33 \\ 180.50 \\ \underline{180.50} \\ 0.00 \end{array}$$

3-2014

DEPARTMENT OF THE INTERIOR / 102  
BUREAU OF PENSIONS  
FINANCE DIVISION



REIMBURSEMENT.

I certify that I hold ..... JOSEPH W. HOWE .....  
responsible for the payment of any portion of the accrued pension to which I  
may be entitled for services rendered, supplies furnished, or money expended  
during the last sickness and burial of ..... ELIAS HOWE .....  
late a pensioner under certificate No. .... I. C. 707,354 .....  
(This need not be sworn to.)

All creditors whose bills  
are unpaid (wholly or in  
part), and who hold the  
above-named claimant re-  
sponsible for the payment  
thereof, should sign here.

Irwin H. Hartman M.D. ✓  
Francis F. Seidel ✓  
Reading Hospital - Wm. Breitung ✓  
Supt.

Finance  
I C 707,354  
Elias Howe  
B 55 Pa. Inf.

October 22, 1927.

Joseph W. Howe,  
208 Chestnut Street,  
West Reading, Pa.

Sir:

With further reference to your claim for reimbursement in the case of the above cited pensioner, I have to advise you that you have not fully complied with the requirements of the bureau as set forth in our letter of September 29, 1927.

Therefore, there should be furnished the joint affidavit of two credible, disinterested persons familiar with the facts and circumstances who can testify from personal knowledge as to whether the pensioner left any property of any description, and if so, its character and value and also as to whether he was survived by a widow or a minor child under sixteen years of age.

There is also required your own statement showing the exact amount of insurance received on account of the pensioner's death and by whom the premiums on such insurance was paid. If the premiums were not paid by the pensioner, you should state the amount or approximate amount paid by you from your own funds.

Respectfully,

WINFIELD SCOTT,  
Commissioner.

JLD.

**Accounts must be paid before patients leave the Hospital**

Reading, Pa.,

10/28 19 27

Elias Howe

Dr. in The Reading Hospital

Services Rendered 33.00

NOV 5 1927  
DIVISION OF PENSIONS



Finance

IC 707,354

Elias Howe  
B. 55 Pa. Inf.

NOV 5 1927  
BUREAU OF PENSIONS

Rev.

Nov. 3, 1927.

Dear Sir,

I in reference to your  
letter you wrote. Mr. Elias Howe  
left no property of any kind.  
Also he left no Widow  
or minor child. The too I  
got for reference is Mr. Walter  
Bleiler - Mr. James Seltzer.  
Mr Elias Howe paid his own  
Insurance and the amount  
paid was \$114.00. With which  
I paid the Undertaker Mr.

Frances Seidel.

What must be paid yet is  
The Reading Hospital. The  
premiums were paid to Mr Joseph  
Howe - son. I mean the Insurance  
I remain

Mrs Dorothy Howe.

P.S.

If not correct write again then  
I will try my best. I hope it  
is write over. Thanks.

ABANDONED

3-812

# REIMBURSEMENT.

Certificate No. 707,354

Pensioner Elias Howe

Class Invalid

Date of Death

Claimant Joseph W. Howe

Post Office

Received , 192

9/29/27 Clmt. for joint affdt. re prop, widow & minor child, own stmt. re exact amt. of ins. recd. & by whom premiums were paid & to H.R. Dr. Hartman, Supt. of Reading Hospital & Francis F. Reidel, Und. JLD.

10/22/27 Clmt. again for joint affdt. re prop, widow & minor child & to state in re insurance. JLD.

11/9/27 Clmt. again for joint affdt. re prop, widow & minor child. JLD.

Finance  
I C 707,354  
Elias Howe  
B 55 Pa. Inf.

November 9, 1927.

Joseph W. Howe,  
208 Chestnut Street,  
West Reading, Penna.

Sir:

With further reference to your claim for reimbursement of the expenses of the last sickness and burial of the above cited pensioner, I have to advise you that you have not as yet complied with the requirements of the bureau as set forth in our letters of September 29, 1927 and October 22, 1927.

Therefore, there should be furnished the joint affidavit of two credible, disinterested persons familiar with the facts and circumstances who can testify from personal knowledge as to whether the pensioner left any property of any description, and if so, its character and value and also as to whether he was survived by a widow or a minor child under sixteen years of age.

Further action on your claim has accordingly been suspended pending compliance.

Respectfully,

/ WINFIELD SCOTT,  
Commissioner.

JLD.